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THE

MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

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AND

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HOMŒOPATHIC REVIEW.

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RETROSPECTIVE:
EIGHTEEN HUNDRED AND NINETY-SIX.

The year, which has just closed, has been distinguished in the profession of medicine by memorials of great events in its history. We have witnessed during 1896 the centenary of vaccination. In the chief city of the county where Jenner lived, where he thought out, first employed and demonstrated the success of the great prophylactic measure with which his name is associated, his splendid work has been celebrated on a large scale by an object-lesson in its neglect—a lesson at once so striking and so painful as to lead crowds of deluded and deluding (including the local chief of these) opponents of it, to crave for and to receive the advantages of that which they had mockingly derided as the "Jennerian rite"! It is well that it was so considerably taken to heart at the time it was; for such is human nature that we cannot doubt that the fanatical opponents of vaccination will endeavour to regain their lost hold upon the minds of the ignorant citizens of Gloucester, and to persuade them, by all the arts of the demagogue, to reject the protection against small-pox which vaccination

offers to them. They cannot, however, take away that protection from those who have received it.

This year has also seen in England, in America and in different countries of Europe the celebration of the centenary of HAHNEMANN'S laying of the foundation stone of scientific drug-therapeutics.

In the United States, the American Institute of Homœopathy devoted its annual meeting to the delivery of addresses and the reading and discussion of essays bearing upon the life and work of HAHNEMANN; the President (Dr. PEMBERTON DUDLEY) delivered the "Hahnemann Oration," an eloquent address, at the special centennial celebration. Many other important addresses and papers were contributed on the occasion, which will render the volume of *Transactions* for 1896 one of considerable interest and value.

Here, in England, the hundredth anniversary of HAHNEMANN'S great discovery was celebrated by the holding of an International Congress. After the social gathering on the preceding evening, the business of the meeting was opened on the 4th of August by an address from the President (Dr. POPE) on *The Influence of the Therapeutic Teaching of Hahnemann in* 1796 *upon the Study and Practice of Medicine in* 1896, a subject appropriate to the event especially signalised by the Congress. We do not for one moment doubt that when the second centenary of HAHNEMANN'S discovery arrives, and far more probably long before that time, its author will, in the concluding words of this address, "be regarded throughout the entire profession of medicine—as all who have studied his life of earnest and successful labour, of self sacrificing devotion to duty, and of zeal in striving to perfect the noble mission to which our lives are consecrated, regard him now—as one worthy of all the honour with which we can enshrine his memory."

From every point of view the Congress was an unqualified success. This, the fifth International Homœopathic Congress was more truly international than any of the preceding four meetings of the same type; and we trust that that appointed to be held in Paris in 1900, will be still more so; we believe that it both may be and will be so. The papers presented, varying in value as they necessarily did, gave rise to

discussions which were uniformly excellent. The speeches after the dinner, with which the business of the week appropriately concluded, testified loudly to the successful character of the Congress.

Such, too, has been the verdict of our European colleagues, as expressed through their journals. Our American brethren and sisters who were present at the Hotel Cecil spoke with much enthusiasm of the work of the week, Dr. WESSELHOEFT, of Boston, saying that "the hopes and purposes for which they had gathered had, he felt, been realised, and that the Congress had been eminently successful." Dr. BUSHROD JAMES, of Philadelphia, said "his heart was filled with thankfulness and gratitude for the reception the American delegates had received, and that there was no doubt as to the success of the Congress, while he believed its influence would extend over all the countries of the world." Dr. KRAFT, of Cleveland, said that "some of the Americans had come to the Congress to criticise" (the word "criticise" here doubtless meaning "find fault"), "but," he went on to say, "there was no criticism—the Congress had been an unqualified success." In the United States, the editors of all the homœopathic medical journals, save one, have given expression to very similar views, while their correspondents, who were present, wrote in a strain which showed their intense gratification with the proceedings. Even *The Hahnemannian Monthly*, the editors of which, by an article in their March number—written, we thought at the time, under the influence of the Anti-British feeling then prevailing in the United States—initiated the crusade against the Congress that subsequently received some support in New York and Chicago, told its readers that "the sessions were successful and enjoyable to a degree that must have been flattering to those responsible for the convention." Then, regretting the comparatively small number of American physicians who were present, the editor says, "The unexpected change of date of the Congress was an error of judgment upon the part of the managers, arising from misleading American counsel. It caused great inconvenience to the English physicians and shut out more than three fifths of the Americans in Europe at the time of the Congress." We trust that our Parisian colleagues will, like Captain Cuttle, "make

a note" of the fact that, according to the testimony of an American journal, "American counsel" is apt to be "misleading"! To act upon it is an "error of judgment"!

The *Medical Century* (Chicago), whose very full report so early as the 15th of August, reflects the highest credit upon its correspondent, Dr. RICHEY HORNER, and upon its editorial management, describes the Congress as "A pronounced success. The right men were at the helm, the right essayists were, in the main, chosen, the membership was the most cosmopolitan in attendance upon any homœopathic Congress yet held—all these individual elements contributing to the formation of a rounded whole of which failure was not to be expected." Again the editor writes, "Our English colleagues attained a universal degree of success in entertaining this Congress, and are fully deserving of the hearty plaudits which were heaped upon them by their *confrères* of other lands." The *New England Medical Gazette*, which alone of all American Journals, gave a hearty support to their English colleagues who were undertaking the labour and anxiety of arranging the details of the meetings early in the year, writes of them as follows: "The International Homœopathic Congress, held in London during the week beginning Monday, August 3rd, was a thorough, definite and unqualified success. In all the objects which such a congress can serve—in the exchange of opinions and experiences; in the promotion of fruitful interest in scientific studies; in the bringing together of fellow workers whose work is done under many skies and many differing conditions; in the renewing of old friendships, the forming of new ones, the melting away of misunderstandings in the crucible of genial personal intercourse,—in these, and many other ways not less worthy, the International Medical Congress served a noble and successful purpose."

The *North American Journal of Homœopathy* is the only one of all journals, whether American or European, which describes the Congress in a tone of general disparagement, one more worthy of a Tammany Hall politician discoursing on "Britishers" than of a New York homœopathic physician writing of an international gathering of his colleagues in London! International Congresses are said to have been a failure! And in "the

presence of the greatest and most representative homœopathic organisation," the American Institute of Homœopathy, the editor appears to question the advantage of such International gatherings! Some time back the editor of a Cincinnati newspaper, screaming the glories of his country, wrote: "It has longer rivers and more of them, and they are muddier and deeper, and run faster, and rise higher and make more noise, and fall lower, and do more damage than anybody else's rivers." Still, he did not suggest that the Thames and the Rhine were altogether useless! The American Institute of Homœopathy is a great and successful national society, one of which all American, and indeed homœopathic physicians everywhere, have good reason to be proud. But it is not international, and it cannot serve the purposes of an International Congress, as set forth by the *New England Medical Gazette*, for example.

We remember that the "misleading American counsel," which the *Hahnemannian Monthly* refers to, and which our English committee accepted in good faith, counsel which cost us the pleasure of seeing fifty more American physicians than we did, proceeded from a committee in New York, of which the editor of the *North American* was the chairman. The Congress was a well marked success notwithstanding! May we not, putting this fact in connection with the criticism of the *North American Journal of Homœopathy*, say—*hinc illæ lachrymæ*!

Undoubtedly the International Homœopathic Medical Congress was the event of the year in the history of homœopathy in England; and we are sure that all who were instrumental in making it the success that it was, appreciate most sincerely the kindly criticisms with which, with only a single exception, the result of their work has been received.

To further signalise the centenary of the publication of HAHNEMANN'S therapeutic teaching, it was resolved by the Congress to erect an international monument over his long-neglected grave at Paris. For this purpose a thoroughly representative International Committee was formed, with Dr. CARTIER, of Paris, as its secretary, who, with the aid of the Société Française d'Homœopathie, will, we trust, long ere the next International Homœopathic Medical Congress assembles in Paris, in 1900, have procured a monument worthy alike of the

memory of HAHNEMANN and of the gratitude of the members of the profession, to assist whom, in the performance of their daily work, he laboured throughout a long life amid innumerable discouragements, so unremittingly, so assiduously, and so successfully. When referring to this we must not forget to mention the splendid monument with which our American colleagues intend to adorn the City of Washington during the year 1897. A beautiful model of this American memorial of the greatest therapeutist of the century formed the most interesting exhibit of the Congress. For the pleasure of seeing it we were indebted to Dr. MCCLELLAND, of Pittsburgh, who at the termination of the meetings presented it to the London Homœopathic Hospital, the managers of which have placed it in the Board Room, where it is a most valued ornament.

This last year has witnessed the completion of the first twelve months of work in the new building of the London Homœopathic Hospital. We are glad to know that it has been in the highest degree satisfactory. The Hospital itself with all its arrangements, with the demonstrations given in its wards every day during the Congress week, was the chief attraction to our visitors outside the meetings. The opinion of our foreign and American visitors regarding the Hospital, its structure and arrangements, found full expression at the Hotel Cecil. Dr. VON DITTMANN (St. Petersburgh) said that he had been charmed with it, and regarded it as a model for all hospitals. Dr. MCCLELLAND, whose intimate knowledge of hospital work and hospital requirements is exceptional, declared that "the London Homœopathic Hospital would compare favourably not only with any hospital in England, but with any throughout the world. It was something to be proud of."

Throughout the year, at suitable intervals, post-graduate lectures have been delivered by Dr. HUGHES and the members of the staff. Some of these have been since published in our *Review*, and have, we are sure, created a strong feeling of appreciation for the work done by our hospital physicians and surgeons.

The fortnightly consultations, which were initiated a year or two since under the management of Dr. WASHINGTON EPPS, have been continued. Through

the kindness of Dr. EPPS, we have been able to present our readers with the details of many of the cases shown. The meetings themselves have been most interesting and instructive, and have, we feel sure, proved very useful to many who, being in general practice, have not hospital opportunities for seeing rare and interesting cases, and for appreciating the difficulties attending diagnosis in many of them.

Increased attention has, during the year, been paid to perfecting the nursing system carried out at the hospital. The medical and surgical staff have added to their many other duties, public and private, the work of giving a complete systematic course of instructions to the nurses engaged in the hospital. The staff of nurses has been considerably added to, and now no nurse is sent out to undertake private nursing who has not completed her three years of training in the wards. The Nursing Exhibition, held at St. Martin's Hall, Charing Cross, last June (of which we gave a full account in our July number), rendered most gratifying testimony to the skill and ingenuity of the nurses at the hospital; the *Nursing Record* was enthusiastic in its praise of the work shown, and of Sister MARION'S "exquisite models." These models were again exhibited at the PRESIDENT'S Reception preceding the business of the Congress, and proved a great attraction to all, and left on the minds of the guests a deep impression of the very superior character of the nursing at the Hospital, and of the ingenuity of those engaged in carrying it out.

The outward and visible signs of professional antagonism to homœopathy during the past year have been few, but at the same time, characteristic. Stifling discussion is still the most simple and effective, and indeed, the only method of checking the progress of homœopathy; and the members of the Gynæcological Society, or at any rate their patrons in the Strand, know full well that by promoting freedom of opinion and practice and intelligent discussion they would but be increasing the number of its professional confessors. Accordingly, we find the British Gynæcological Society has agreed to a resolution excluding homœopaths from its membership. The *Lancet*, which has hitherto boycotted the Gynæcological, more or less, in favour of the Obstetrical Society, of which it was originally an offshoot or seces-

sion, has, it is hoped by its leading spirits, been propitiated by this reactionary move; and will, in future, acknowledge its existence and the work of its members. Another society, the chief therapeutic means of which are supplied by surgical instrument makers and not by chemists, has also during the past year supplied an illustration of the professional ostracism which formerly existed in full force, but has, of late years, been on the wane.

We noticed in our November number an observation in *The Practitioner* to the effect that Sir JAMES SIMPSON had "smashed, shattered and pulverised" the Hahnemannian heresy. Our paragraph was entitled *The Extinction of Homœopathy*. Mr. MALCOLM MORRIS replies that he did "not say that it was extinct." How any question that has been "smashed, shattered and pulverised" can any more than a china vase be any other than extinct we do not know. But Mr. MORRIS continues, "I did not say it was extinct. SIMPSON pulverised it logically, but many errors besides homœopathy continue to exist in spite of logic. If my homœopathic friends do not perceive that homœopathy was logically 'smashed, shattered and pulverised' by SIMPSON, this only shows that they have not grasped the situation." A Scotch professor having propounded a theory was on one occasion met by the rejoinder, "Weel, but professor, the facts are agin' you," when he replied, "Sae much the waur for the facts"! SIMPSON'S logic! His mind had been so confused with the undigested mass of raw material he had swallowed in his twelve months of hard reading, that he frequently contradicts and refutes in one page what he had affirmed on the preceding, and loads his paper with commonplace dissertations on human credulity and knavery, which tell with double effect when turned the other way (HENDERSON, *Homœopathy Fairly Represented*, p. 3). Mr. MORRIS, further, derives comfort and consolation from the fact that medical men practising homœopathically have not subscribed to the expenses of the Congress so freely as they should have done by £5 19s. 4d.! And further, that the list of subscribers to the *Transactions* is only one-third as large as it is necessary that it should be. We hope that our colleagues will speedily remove all opportunity for the

enemy to blaspheme on this point. If, however, the degree of vitality of homœopathy is to be gauged by the logic of the cash box, we would remind Mr. MORRIS that the London Homœopathic Hospital has within the last two or three years been re-built at a cost of £50,000, and that within £5,000 the whole has been paid. That at any rate shows forty-five thousand pounds worth of confidence and trust in homœopathy to exist somewhere in this country. It must be remembered that this sum has been contributed not simply to a hospital, but because it is known that it is a hospital where the fullest advantage is taken of homœopathy to aid in the cure of disease. The logical inference is, that as the signs of the vitality of homœopathy are increasing, Mr. MALCOLM MORRIS is, we are afraid, incapable of "grasping the situation."

The only step of any therapeutic significance which during 1896 those of our profession have taken who refuse to utilise scientific homœopathy in the study of therapeutics, has been a backward one. Pharmacology, which when illuminated by homœopathy is such a fruitful source of therapeutic power, and so useless when divorced from it, after having been introduced into the curriculum of medical study, has been by the chief examining board in this country withdrawn from the examination for its license to practise. That a knowledge of pharmacology—*i.e.*, of "the modifications produced in healthy conditions by the operation of substances capable of producing modifications"—ought to be useful and to have "a brilliant future" before it, has been the dream of many non-homœopathic physicians during the last twenty years. Still, the more it has been enquired into, the more general practitioners have endeavoured to apply the knowledge it supplies, the more useless has it appeared to be! So it has been withdrawn from the examination for the general practitioner's license to practise; being now reserved, alongside of Greek, as an intellectual luxury for the university graduate in medicine. "We must admit," said the late Dr. BRISTOWE, "the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body." Until this admission is made, the study of pharmacology for any clinical

purpose is useless. Acknowledge, and utilise at the bedside, the truth of the homœopathic view of the relations between medicines and diseases, and pharmacology will be found to be of the utmost value to the therapeutist. It is the persistent refusal of the profession to absorb homœopathy, and its imposition of disabilities upon those who have the courage to enquire into it, and finding the large increase of therapeutic power it provides them with, to adopt it into their practice, that has produced this backward step, one which it has been truly remarked, has "cast discredit on the use of medicines as a factor of the healing art."

Empiricism still governs the practice of medicine as fully as it did some twenty-five or thirty years ago, when the *Medical Times and Gazette* commenced an article on therapeutics with stating that "Empirical were its foundations in the days of old, and empirical are they still."

"The medicinal treatment," said Dr. GOWERS, a year ago, "which can be based upon any definite theory is small;" and what renders the outlook for our brethren who will not look homœopathy in the face so dark, is that so distinguished a member of their number as Dr. GOWERS is apparently quite satisfied that therapeutics should remain without any scientific or rational basis, that it should continue as in the days of old without law, without order, without method, purely empirical. No effort is made, or attempted to be made, to make therapeutics independent of chance, or to go to work, as HAHNEMANN urged us to do, "as rationally and methodically as possible."

Our obituary list for 1896 is happily short. It includes, however, one name peculiarly entitled to grateful remembrance—Dr. SHARP, of Rugby. Forty years ago his influence was great, and his well-known *Tracts* did more to lead medical men to examine, and the public to take advantage of homœopathy than almost anything else. His industry was great, his love of science deeply rooted, and his devotion to his profession unwearying, so that he continued until within a short time before his death, in his ninety-first year, an earnest student of therapeutics, and a frequent contributor of the results of his enquiries in his efforts to elucidate its mysteries.

On the threshold of a new year, we look forward with confidence to the continued progress and development of our therapeutic views, and hope that every effort made to propagate them in literature, in hospital and dispensary work, in societies and by individuals, will meet with a constant and generous support. The furtherance of a knowledge of homœopathy is a trust for the due exercise of which every member of the profession who is convinced of its truth is responsible. Let us then, each and all, "work while it is called to-day, for the night cometh when no man can work."

THE SCHOTT OR NAUHEIM HEART TREATMENT.*

By Herbert Nankivell, M.D.

The treatment for damaged heart pursued at Bad-Nauheim, and shortly known as the "Schott" treatment, has passed into considerable favour at the present time. It divides itself into two distinct portions or methods—viz., baths and exercises. These may be used either separately or combined; the one method does not interfere with, but rather supplements the other.

There are two copious springs at Nauheim, which chiefly supply the bathing water; they each contain in 1,000 grammes from 21 to 29 grammes of chloride of sodium; 1.7 to 2.3 of chloride of calcium; 2.3 to 2.6 of bicarbonate of lime, besides smaller quantities of potassium, magn., iron, arsen. and silicic acid. They also contain free and semi-free carbonic acid to the amount of 1,400 cubic centimetres in the same quantity.

The baths used in heart cases are:—

1. The *Thermal Brine Bath*, administered for from 8 or 20 minutes at a temperature of 32½ C. and under, in courses of triplets. Each course may be strengthened by an addition of mother lye, so that in the fourth course 3 litres of the lye are often added. The time of bathing may be increased gradually, and the temperature slowly lowered in the same careful way.

2. The *Sprudel Bath* is supplied direct from the spring, and differs from the former by the amount of carbonic acid, and, therefore, of saline material, in solution.

* The substance of this Paper was read before the Western Therapeutical Society at Bournemouth on October 23rd, 1896.

3. The *Sprudel Strom-Bad*, as its name implies, is supplied with a free current of the water passing through the bath, and is the most stimulating of all.

Nos. 2 and 3 are often cooled artificially by ice to two or three degrees C. below the normal temperature.

It is maintained that these baths act on and through the skin, that the nervous terminals are stimulated, that the circulation is controlled and strengthened, that morbid deposits are in some sort and degree re-absorbed, and that a more or less general renovation of assimilative process is set on foot, and that especially nerve power and muscle growth are increased.

The *dynamic* action of such waters as these appears to me far too complicated for us to attempt to unravel it by any *à priori* theories. We may presume them to have an action somewhat similar to other saline, chalybeate, and gaseous waters; we can go no further, and must be content to be guided by clinical effects—curative effects in cases of disease. We can only say that it is probable that the stability and permanence of the relief brought about is due chiefly to the chemical character of the water employed.

The *mechanical* action of a bath of water at 32° C. can be better understood; there must at first be a slight chilling of the surface—a compression of the cutaneous circulation, and of the limb circulation—a tendency of the blood towards the cavities of the body—an increase of the accustomed difficulties in the heart's circulation-work.

As a matter of fact this is often felt on the entry into the bath; there may be palpitation, pressure, feelings of fulness, of distress even.

But soon these pass; in a few seconds or minutes the pulse becomes regular, fuller, stronger and slower; if the length of the bath is properly timed the patient leaves it refreshed, the cardiac dulness area decreased; he rests for an hour, and then resumes the ordinary life of the place.

But if he remains in too long the heart refuses to meet the call on its energies thus demanded of it, the pulse loses gradually in steadiness and regularity, the recently gained contractive power of the ventricle is diminished, and the patient is worse and not better for his bath.

I turn to the exercises with which the names of the brothers Schott are intimately connected. You well know that wild, injudicious, sudden, or else too long sustained and fatiguing exercise will cause injury to a heart, or still further injure an already weakened organ. But modifications of the Swedish movements—systematised, methodical—not too long continued, followed by intervals of rest, gentle, gone through without worry or haste, bringing consecutively into action the great groups of voluntary muscles, have an entirely opposite effect.

True, an increase of cardiac pressure must ensue from the least of these movements: but the organ itself rises to the occasion and throws forward the load, be it not too weighty, not only without harm to its structure, but entirely with benefit thereto. The ventricle contracts more vigorously and regains a portion of its lost powers: the same curative process takes place after both baths and exercises; and the *modus operandi* in each case is a parallel one.

It will not be out of place here to note that the Oertel terrain-kur—that of methodically increased hill-ascension operates in a way on all fours with these already described means of cure. The weak heart is stimulated daily to fresh effort; fatigue of the muscle is carefully avoided; and its nutrition accelerated day by day by the increased work it is just well able to perform.

It is open to us now to enquire into the *ratio medendi* of these methods. It appears to me that the vital irritability of muscular fibre underlies them all, just as the vital irritability of cells and capillaries underlies our more usual therapeutic methods.

The circulatory apparatus is, so to speak, a closed tube, supplied at two points of its course with a double muscular pump, guarded by valves. Whether from inefficiency of a valve, or from weakness of the pumping muscle, or from defective innervation of the muscle, the pump may become ineffective. Hence, increase of the fixed quantity of blood within the hollow muscle, dilatation thereof, thinning and increased weakness of the walls. But, just as the hollow muscle of the lower bowel lying passively around slowly collecting scybala may be thrown into activity by the injection of a quantity of bland material which suddenly stretches it; just as

the exhausted uterine muscle, which allows itself to be slowly distended by the gradually increasing post-partum clot, is thrown once more into energetic contraction by the introduction of the obstetrician's hand—so here, too, is the cardiac muscle thrown into stronger contraction by the more rapid arrival of blood into its interior, and rises to the effort of required propulsive power. If the bath be too long continued, the exercises too forcible, the hill-walk too rapid or long continued, exhaustion supervenes and the damage is increased instead of being alleviated. But when due care and judgment are used to prevent mischief, a certain little permanent good gets done every day; the gain of one week becomes by increased muscular nutrition partially consolidated in the next; and often, after four or six weeks of treatment, a very noticeable alteration takes place in the physical signs, in the health of the patient, and in the activities of which he has once more become capable.

I now proceed to give exceedingly short sketches of a few cases which have passed through my hands in connection with this treatment during the current year.

1. A. B., a lady æt. 50, has suffered for seven months from a menopausic tachycardia of much severity, associated with an exophthalmos, which has lately been confined to the left eye only. On examination, cardiac dulness extended $2\frac{1}{8}$ inches to the left of the nipple in a horizontal line, $2\frac{1}{4}$ inches below it in a vertical line, and the apex beat was 1 inch outside and $2\frac{3}{8}$ inches distant therefrom.

Exercises alone were used; strychnine and cactina were exhibited; and in a fortnight the horizontal measurement was reduced to $1\frac{1}{4}$ inch, the vertical to $1\frac{3}{4}$, and the apex-beat was $1\frac{1}{2}$ inches from the nipple. The pulse was reduced from an average of over 100 to an average of over 80 beats per minute.

2. C. D., æt 60. The history was of three months' illness and debility. The condition was one of simple dilatation of the left ventricle, the horizontal measurement of dulness taken as above being $1\frac{1}{2}$ and the vertical $2\frac{3}{4}$ inches from the left nipple; the apex-beat was left of nipple line, and $2\frac{1}{2}$ inches therefrom. After one week's exercises only the reduction was as follows:—horizontally to 1 inch, vertically to $2\frac{3}{8}$, and the apex distance to $2\frac{1}{4}$ inches.

3. E. F., æt 28. Ill 4 years from excessive bicycling and smoking; often giddy, extremely irregular pulse. Hypertrophy and dilatation of both ventricles; apical and basic systolic bruits. Measurements in April: horizontal dulness ¾ inch, vertical 3 inches, apex beat 1 inch external to, and 2½ inches distant from nipple.

Treatment at first was medicinal; strychnine and cactina were exhibited, and the improvement in the cardiac action and the pulse was most satisfactory, and the bruits were lessening in intensity. At the end of May he proceeded to Nauheim and passed under Dr. Schott's care. At the end of June I examined him there, and found the heart much reduced in size and the bruits entirely absent. I have examined him since, in September, the end of October, and in November; his condition remains entirely satisfactory and he is capable of prolonged fatigue, such as shooting for several hours at a time. There is no return of the bruits, and the measurements on October 22nd were as follows: horizontal dulness coincident with nipple line, vertical 2⅜ inches, and apex beat 1½ inch directly, below nipple.

For the history of the three next cases I am specially indebted to Dr. B. W. Nankivell, who carefully charted the heart areas and watched the cases while under treatment.

4. G. H., æt. 41, a compositor, had rheumatism in acute form 15 years ago, and again last September. He has been addicted to free living.

On exam., Nov. 8, horizontal line of dulness from left nipple measured 1⅞ inch, vertical line 4¼ inches, apex beat 3⅞ from nipple, and ½ inch from nipple-perpendicular. The true apex beat occupied the 7th interspace, but there was a diffused distensile impulse occupying the 6th interspace for a distance of 2½ inches. There was a marked systolic aortic bruit; and a systolic and diastolic mitral—the systolic being chiefly audible at the apex, the diastolic chiefly at a point 2¾ in. from the apex and 2 inches inside the nipple.

After 12 baths the horizontal dulness beyond the nipple was ⅞ inch, the vertical dulness 2⅞ inch, the apex-distance 2⅜ inch, and the apex was ½ inch *inside* nipple line. There was no impulse whatever in the 7th interspace, and the lengths of pulsative area in the 6th interspace was reduced to 1¾ inches. As to the bruits,

the systolic apical disappeared entirely after the ninth bath, the diastolic was much reduced in intensity, as also was the systolic aortic bruit.

This certainly was a remarkable change after a single fortnight's treatment. The left ventricle was evidently very much elongated and thinned before the baths were commenced, and the habits of the patient were such as to suggest the extreme probability of a considerable degeneration in the muscular tissue.

5. I. K., æt 16, three attacks of sub-acute rheumatism. Horizontal dulness, 1 inch outside nipple; vertical 2 inches below; apex-beat 1⅝ distant from nipple and 1 inch outside nipple-line. No bruits.

After a week's medical treatment he had not improved noticeably: after the fourth bath the measurements were:—dulness commences now *inside* nipple, ¼ inch; vertical, 2 inches; apex beat 1½ below, and in nipple line.

6. J. L., æt 60, sedentary life, has suffered from vertigo, once to fainting, for 12 months: occurs chiefly on rising from bed or chair.

Heart. Horizontal dulness outside nipple, 1⅝ inches; vertical dulness, 2½ inches; apex-beat not appreciable. No bruits. Pulse 60, small, regular.

Before the fifth bath. The line of dulness was ¼ inch *inside* nipple; the vertical dulness 1¼ inches, taken from a point one inch inside nipple. Apex beat was not yet discoverable. The pulse was 68 and increased in volume. The vertigo was much lessened.

In addition to these cases, I have had lately to treat a very severe case of organic heart disease in a man æt. 48, who had undergone elsewhere the "Nauheim" treatment. He had stenosis and insufficiency of the aortic valves, and insufficiency of the mitral with enormous hypertrophy. The progress of this case has been one of steady deterioration, commencing with a most severe and prolonged attack of cardiac asthma a few days after the termination of the course. But I have no doubt that even here the treatment had been of benefit for a time. With aortic regurgitation, the interference with the nutrition of the cardiac muscle is often so great that no prolonged improvement *can* be expected.

I think that in all curable cases of heart disease, we may be able to claim for the Nauheim methods a very considerable power, either alone or in conjunction with suitable therapeutical treatment, of alleviation and even of true and permanent remedial action; and we may expect that this curative action will be prompt and well marked, and excelling in a very distinct degree what we could expect from other and more accustomed methods. I believe we may also claim that the *modus medendi* is one in strict parallelism with the special method of therapeutics known as the homœopathic.

Penmellyn, Bournemouth.
December 9th, 1896.

FURTHER NOTES ON DIPHTHERIA.

Two Concluding Cases.

By J. Roberson Day, M.D. Lond.
Physician for Diseases of Children to the London Homœopathic Hospital.

Since my last communication to the *Review* two more cases of diphtheria have come under my care, which, had they occurred earlier, would have been included in the previous paper. The bacteriological test was resorted to in each case with a positive result, and anti-toxin serum formed part of the treatment in both cases.

Case IV.

On November 18th, 1896, I was called to see Ethel B., age four, who had complained of a sore throat the previous day; I found her with a temperature 100·6°, and on examining the pharynx each tonsil was partially covered with a typical patch of diphtheritic membrane. The lymphatic glands also at the angles of the jaw on both sides were enlarged and tender. I gave her at once merc. bin. 3x gr. j, every two hours; and in the course of a couple of hours I returned and removed a portion of the membrane from the left tonsil for examination and injected 10 c.cm. of anti-toxin serum. I also gave directions for the insufflation of sublimed sulphur into the throat.

On November 19th the temperature was 102.8°, and she had slept several hours during the night, although

there was slight delirium. The false membrane on the tonsils had almost gone, only a small patch remaining on each tonsil. Continued the treatment.

On November 20th the temperature was 99°. She felt much better, all the membrane had cleared off the tonsils, she could swallow without pain, and took her nourishment well.

I saw her again on November 21st, and as she was still going on well, paid a final visit on November 24th.

Case V.

Was an unusual form of diphtheria—unusual, from the situation of the membrane. This patient, E. W., age 21, was a domestic servant. She was first seen on November 21st, but had suffered from a "cold" for about one month previously, which had been followed by loss of voice. The previous day she had felt "ill in herself," and the cough caused pain in the throat, and the expectoration was difficult to get up. On the morning of November 21st the expectoration was different in character, consisting of tough whitish membranous shreds, which were coughed up with great difficulty. Some of these pieces were four inches long, and at first sight had much the appearance of a tape worm. Her mistress said she became quite blue in the face, with her efforts to get these pieces up and appeared to be in great danger of suffocating. I first saw her at 9.30 p.m., with a temperature 102·6, and advised her removal to the hospital early the next day. I gave her merc. bin. 3x gr. j, every 2 hours, and secured a specimen of the membrane for examination. The pharynx was somewhat redder than normal, but no false membrane could be seen at all. The patient was aphonic, speaking in a whisper, and somewhat dusky in colour. She could swallow with some pain, but without obstruction.

Owing to the next day being Sunday, my patient had great difficulty in obtaining an ambulance for her removal, and I was asked to see her again, as she seemed very bad. At 4.30 p.m. (November 22) I found the temperature 103·2°, and the same large pieces being coughed up. I therefore injected 10 c.cm. of the anti-toxin serum, and ordered kali bich. 3x ♏ iii, every two hours to be given as soon as she arrived at the hospital.

On November 23rd I saw her in the hospital, where she had been placed under the care of Dr. Moir, to whose courtesy I am indebted for permission to make use of the notes of the case. She had experienced very little difficulty in breathing since her admission. The cough was looser, and the expectoration came up more easily. The notes* thus describe her condition: "Patient is a well nourished girl, with a good colour, and does not look ill. The voice is replaced by an aphonic whisper. There is a loose cough with fairly copious opaque white membranous expectoration, but no stridor. She has pain in the throat on swallowing. Tongue moist, covered with thin layer of white fur. Appetite good. Bowels regular. Pulse 108, regular, good wave. Respiration 30. Temp. 101·8°. Heart normal, with exception of indistinct first sound. Lungs, a few rhonchi. Abdomen normal."

Urine contained a decided trace of albumen. Turbid, with urates. Acid. Sp. gr. 1030.

Larynx.—Arytæno-epiglottic folds red and swollen; cords not distinctly seen, no membrane visible. The fauces are somewhat red, and there is a speck of whitish exudation about the size of a pin's head on the right tonsil.

November 24th.—Cough looser. Expectoration much easier; has had no difficulty in breathing since admission. T. 100·8°.

November 25th.—Coughed up several large pieces of thick white membrane yesterday, some 2 inches long by ¾ in. broad.

November 27th.—Much better. Breathing easy. Has not coughed up any more membrane. T. 98·2°. P. 76. Voice returning.

November 28th.—China 1x. ɱ v, ter die substituted for the kali bich., and later on a change of air to the Convalescent Home will probably complete the cure.

On November 24th I received the report from the Clinical Research Association, "After incubation on blood serum the resulting growth consisted of a pure culture of Klebs-Loeffler bacilli. The specimen may

* My best thanks are due to J. H. Bodman, Esq., M.B., B.S., Lond., for the carefully reported notes.

therefore be considered as the membranous exudation characteristic of diphtheria."

These notes complete the *fifth consecutive* case I have this year had the opportunity of treating with the antitoxin serum. The results in all cases have been eminently satisfactory. Some of the cases (Case II and V.) were of extreme gravity. In all cases the diagnosis has been verified bacteriologically. The serum used was supplied by the Institute of Preventive Medicine, and was dated as having been prepared on February 10th, 1896, thus showing it will retain its properties for a considerable time, and is unimpaired by our summer temperature.

Hitherto only one case has been treated with the antitoxin serum (and that quite recently) at the London Homœopathic Hospital.

I feel my apologies are due for the hasty way in which these "notes" have been put together.

A CASE OF ALBUMINURIC RETINITIS AND ITS SEQUEL.

By A. Speirs Alexander, M.D., C.M.

Hon. Physician, Diseases of the Eye, Ear, Nose and Throat, Devon and Cornwall Homœopathic Hospital.

The value of ophthalmoscopic examination as an aid to the diagnosis of a variety of diseases is becoming increasingly familiar to the scientific physician. The appearances presented by the fundus oculi may thus lead to the early recognition, and possibly to the cure, of certain conditions that might otherwise have been passed over, and confirm the identity of others whose nature might, without such aid, have remained doubtful.

For example, in a case of suspected congenital syphilis, the presence of peripheral choroiditis, though not impairing vision, and therefore not giving rise to subjective symptoms, may clear up the doubt. Thus, the writer some time ago met with a case of bi-lateral deafness in a child, due to labyrinthine disease, in which the discovery of choroiditis confirmed the diagnosis of specific origin, and determined the appropriate treatment.

Again, cases have been recorded of acute and chronic suppuration of the middle ear, accompanied by optic

neuritis, in which, after the operation of antrotomy, the neuritis disappeared. The discovery of optic neuritis in such cases becomes therefore an indication for immediate operation, with the view of preventing further cerebral complication.*

Among other diseases in which the ophthalmoscope may aid the diagnosis—*e.g.*, pernicious anæmia, with its multiple retinal hæmorrhages, locomotor ataxy, spastic paralysis and disseminated sclerosis, in all of which optic neuritis or incipient atrophy of the optic nerve may occur—perhaps the most familiar are intracranial tumour, indicated by double optic neuritis, and chronic Bright's disease, the existence of which may first be recognised by the discovery of retinitis albuminurica. As an example of the latter, the following case may prove interesting and instructive :—

In the early part of 1896, F..V., a young man of 32 years of age, came for advice on account of acute neuralgia, following the distribution of the trigeminus of the right side, with frequent cutting pain through the right eye-ball. At this time there was no failure of sight noted, no complaint of any other ailment was made, and the patient's general health appeared good.

For the neuralgia, kalmia lat. 3x was prescribed, with complete and permanent relief to the pain.

On March 3rd, however, he returned, now complaining of defective vision in the right eye. Patient was a bass viol player, and latterly had found difficulty in reading his music at the usual distance. The sight was tested, with the following result: R. V. = $\frac{6}{24}$ and J. xv., L. V. normal. The right pupil was found to be partially dilated, with both accommodation and reaction to light defective. Ophthalmoscopic examination of the right eye revealed the presence of numerous characteristic snow-white patches of degeneration in the region of the macula lutea and optic disc. The margins of the latter were also hazy. In the left eye, there were only a few patches above and below the optic disc.

The condition of the retinæ immediately suggested the probability of chronic Bright's disease, and when the urine was tested it was found to be loaded with albumen,

* *Journal of Laryngology*, Dec. 1896, p. 361.

while the microscope showed the presence of a few hyaline tube casts.

There could be no doubt that the patient had long been the subject of chronic nephritis, though he could himself give no account of its onset, and there had been nothing he knew of to give the least clue to its existence, till the failure of sight led to an ophthalmoscopic examination. The only circumstance that could be ascertained, that may possibly have had an etiological bearing on the case, was that he had long been in the habit of drinking beer in large quantities.

A somewhat remarkable symptom in this case, and one that does not appear to be usually noted, was the partial dilatation of the pupil. This is a general accompaniment of some ocular diseases, such as atrophy of the optic disc, but in albuminuric retinitis the commoner condition seems to be contraction of the pupil. Thus, Gowers says, "The strong contraction of the pupil, when this part (*i.e.*, the macula lutea) is examined, very often renders the use of homatropine indispensable for a thorough examination." * In this case, the dilatation of the pupil was sufficient to make the examination without a mydriatic. There was no history or sign of past venereal disease.

The treatment adopted in this case was as follows:— The paralysed accommodation was corrected by a +1.50 D lens; general directions were given as to diet and habits, while merc. corr. 3x t. d. was administered internally. This drug was prescribed chiefly on pathological grounds, its effect on the kidney being well recognised. Dr. Hughes says of it: "The kidneys are very much affected by this poison. Suppression of urine is a very common phenomenon, and post-mortem investigation shows it to be connected with acute congestion or inflammation of the secreting structure of these organs. The urine is albuminous and bloody during life; in one case (cited by Allen) presenting granular, fatty tubuli in large numbers, showing on their surface epithelial cells of the tubuli uriniferi also in a state of granular degeneration, and the patients die with all the symptoms of uræmic poisoning.†

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* *Medical Ophthalmoscopy*, p. 224.
† *Pharmaco-Dynamics*, p. 659.

It is also to be noted that among its eye symptoms the following occur: "objects appear smaller and further from the eye than usual; all objects, especially letters, appeared smaller for several hours."*

The prognosis, it need hardly be said, was exceedingly grave, it being a well-ascertained fact that the subjects of chronic Bright's disease, in whom retinitis has developed, rarely, if ever, recover. Most authors agree that the period of survival is limited. Gowers says that "such patients seldom live two years, and a large percentage die within a few months after the retinal affection is observed;" † while Fuchs writes: "es ist Erfahrungssache, dass die meisten Patienten, welche an Retinitis albuminurica leiden, binnen weniger als einen Jahre ihrem Nierenleiden erliegen." (It is a matter of experience that most patients who suffer from albuminuric retinitis succumb to their kidney malady in less than a year.) ‡

The subsequent history will show the effect of treatment on the eye, as well as the ultimate issue of this case.

On March 5th, the patient returned, stating that the vision of his left eye had now become affected. The pupil was observed to be inactive, so that a + 1·50 D. glass was necessary for reading.

Renewed ophthalmoscopic examination of the right eye showed an increase of the patches of degeneration round the optic disc, and a typical stellate figure was observed surrounding the macula lutea.

In the left eye, a few patches were seen on the temporal side of the O. D., but none around the macula lutea. One or two slight hæmorrhages at the margins of blood-vessels were also noticed.

The treatment above mentioned was continued, and on March 11th, the patient was again seen, and he now stated that he could see much more clearly, that objects were not so hazy, and that he felt much better in general. The urine was again tested, and found to contain only a trace of albumen.

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* *Cyclopædia of Drug Pathogenesy*, vol. iii., p. 237.
† *Medical Ophthalmoscopy*, p. 227.
‡ *Lehrbuch der Augenheilkunde*, p. 473.

On March 18th, there was a still further improvement. The sight was again tested, and found to be R. V = $\frac{6}{12}$ and J 1., L. V. = $\frac{6}{9}$ and J 1. without glasses (both with some difficulty). He had discarded his spectacles, being able to see his music quite well without them. There was still a trace of albumen in the urine.

The patient was seen from time to time during the spring and summer, and all appeared to be going on well till the following October, on the 14th of which month he called again, complaining of weakness and constant vertical headache < lying down; palpitation and rapid pulse = 104; constipation; very lachrymose and nervous; wants to be alone, and does not care to go out; anorexia and coated tongue. Urine contained only a slight trace of albumen.

In spite of these symptoms, vision remained good, and examination of the retinæ failed to discover more than faint traces of the patches of degeneration, these having almost entirely disappeared. The margins of the O. D. were still somewhat cloudy.

Patient stated that he had continued to take the merc. corr. up till July, when, thinking it did not agree with him, he had given it up.

Nux vomica was now prescribed, with benefit to the foregoing symptoms; and he was thereafter attended by Dr. J. G. Vawdrey, who has kindly furnished the following notes of the subsequent history:—

First seen 7th November, 1896. Previous history: Has been in the habit of drinking large quantities of beer for the past five or six years or more. Inherits propensity to drink from his father. Family history and personal health otherwise good. Never had any serious illness before in his life. First began to feel ill about a year ago. Noticed failure of strength, shortness of breath, and inability to undergo much exertion. At the same time his feet and ankles began to swell towards night. (This he had denied entirely when first seen for failure of sight). Did not observe any œdema of face. Was troubled with palpitation, especially during the night. His appetite failed.

Present state: Unable to continue work, and confined to his room. Complained mostly of soreness of throat. On inspection, the pharynx was found dry, glazed and œdematous. Swallowing was difficult and painful. The

voice was weak and without resonance. The face and ankles were œdematous. The pulse averaged about 96 a minute. The respiration was somewhat accelerated. There was a slight cough, with pneumonic expectoration. Temperature normal. There was no consolidation of either lung. The urine was loaded with albumen.

These symptoms continued and increased in intensity during the remainder of his illness. There was almost complete aphonia. The cough became more frequent, the expectoration more copious, and there was deficient resonance at the bases of the lungs. There was dyspnœa, which gradually increased to orthopnœa, and continued till he died. The pulse was accelerated. Physical examination revealed hypertrophy of the heart. The urine was passed in large quantities, was pale in colour, of low specific gravity, and remained albuminous till the last. Patient retained consciousness till the end. There were no convulsions, and he was not delirious at any period of his illness. He died on Nov. 23rd.

Treatment consisted of rest, carefully regulated diet, withdrawal of alcohol, and occasional hot-air baths. Medically, he received arsen. alb. 3x, and towards the end, pilocarpin 2x, in gr. v. doses. The course of the disease was unaltered by the treatment.

It will have been remarked that the merc. corr., prescribed in March, was continued by the patient till the following July, and that under its influence, the defective vision improved, power of accommodation returned, retinal degeneration cleared up, and the albuminuria almost disappeared. Presumably then, it exerted a favourable influence over the whole morbid condition, the ocular symptoms clearing up *pari passu* with the general improvement. The question naturally arises as to whether continuance of the drug might not have still further prolonged life, though it is evident that its effect, whilst being taken, was merely palliative, for had it been curative, no relapse would have taken place. It is said that albuminuric retinitis sometimes disappears spontaneously, while the renal lesion continues to grow worse. In this case, however, both retinitis and albuminuria improved greatly while the merc. corr. was being taken, and hence it seems probable that the disappearance of the former was due to the action of that drug.

OXYCHLOROFORM ANÆSTHESIA.*

By Theo. Nicholson, M.R.C.S.

Before bringing forward the subject of oxychloroform anæsthesia, a few remarks by way of introduction are necessary. In the early months of the year 1891, after three successive accidents, I first directed special attention to the physiological effects of the inhalation of chloroform. I was led to take up this investigation by the fact that, after an experience of some thirty years, I continued, in spite of all possible precautions, to meet with cases of "accidental asphyxia," none of which, however, were fatal. My object in thus taking up the question was to arrive at a reasonable explanation of the occurrence of these untoward "accidents," and, if possible, to discover a method by which they could in future be averted. After much careful thought, it occurred to me that oxygen gas would meet the difficulty, and feeling confident that this was the correct thing, I devised an apparatus by which the chloroform and oxygen could be administered together or separately, much or little, at the will of the operator. By way of practically testing the matter, I submitted myself to experiment, one of my colleagues kindly consenting to administer the anæsthetic, and to him I am indebted for the following notes taken during exhibition. I ought here to say that, in addition to being somewhat below par, I entered upon the experiment in an altogether impromptu manner and soon after a full meal, added to which, violent muscular exertion in opening an eighty-foot cylinder of oxygen sufficiently accounts for the vomiting and eccentric pulse.

"Commenced with the inhalation of a few whiffs of oxygen, pulse varying from 84 to 90.

"In three minutes pulse rose to 108, but was softer; resp. 14.

"*Commenced the chloroform.* In ten minutes *pulse fell*, and varied from 90 to 94. Vomiting for half a minute, preceded by a fall to 70, afterwards returning to 96.

"In fourteen minutes vomited again, preceded by a fall of pulse to 60.

"In twenty-one minutes vomited a third time.

"In thirty minutes pulse varied from 66 to 80.

* Presented to the International Homœopathic Congress, August, 1896.

"In thirty-three minutes stopped chloroform and gave oxygen only.

"In forty minutes conscious, but some further vomiting; oxygen continued for five minutes longer.

"RESPIRATION THROUGHOUT REGULAR AND FULL, 13 TO 16.

"Took about ʒiij of chloroform."

On June 5th, 1891, I used it in an ovariotomy case in our hospital, and in the following amongst others:—

September 26th, 1892.—Mrs. T—, aged 38. Rupture of perinæum. Temperament nervous and bilious. Gave oxygen and chloroform together. Unconscious in about twelve minutes, respiration regular and full, pulse full and steady. Under for half an hour, a little vomiting, but very slight headache.

October 13th, 1892.—W. D. W—, an anæmic infant of six months. Enucleation of eyeball. Under four minutes.

October 20th, 1892.—Lena H—, aged 11. Removal of necrosed maxillary bone. Gave oxygen and chloroform. Unconscious in ten minutes, pulse regular and full, breathing ditto, though very deeply under.

October 27th, 1892.—Richard H—, aged 18. Incision of deep femoral abscess. Under in ten minutes with oxygen and chloroform. Pulse and respiration normal. Slight bilious vomiting, but no headache.

Same date. Eleanor A—, aged 19. Extracting eight stumps. Pulse and respiration good. Slight headache after, and some vomiting, which was worse next day, but was attributable to a generally disordered condition of system.

It is noticeable that the pulse and respiration are generally normal, and it has been further observed that in some cases the pulse is even better at the close of an operation than at the commencement.

My views upon this subject were first brought under the notice of the Southport Homœopathic Congress in September of the year 1892, and were reported with its proceedings in the *Monthly Homœopathic Review* of December of the same year. They were also referred to in the *British Medical Journal* of December 31st, 1892; in the *Provincial Medical Journal* of January 2nd, 1893; and in the *Journal of the British Homœopathic Society* of July, 1893, the latter containing a paper which I read in

February before its Liverpool branch. Further, and by way mainly of recording the method, the principle was patented in the U.S. of America (after a careful search by the Patent Office) in May, 1893.

From an article in the *New England Medical Gazette* of September, 1895, I was interested to find that one of our American colleagues, Dr. Herbert L. Northrop, of Philadelphia, had hit upon the same method of obviating the perils of chloroformisation. From a reprint of an article of his contained in the *Hahnemannian Monthly* of February, 1895, which he has been good enough to forward to me, it is evident that his idea of the proceeding was formed wholly independently of me, though from the date he assigns to it, viz., "a year and a half ago," it would seem that the priority, *quantum valeat*, of both conception and publication was mine. My attention has, however, been recently called to a paragraph in the *Clinique* of April, 1896, to the following effect, which I quote *en passant*:—"Dr. Northrop, of Philadelphia, says that the oxygen-chloroform method, attributed to him by his too kind friends, should be called the Mendorfer method." Be this as it may, it is gratifying to find that the advantages which I claim for the method are confirmed in no less than one hundred accurately tabulated cases by a gentleman of the professional eminence of Dr. H. L. Northrop.

I will now, with your permission, recapitulate some of the important points connected with the physiology of anæsthesia, and these may be best expressed in the words of the Hyderabad Chloroform Commission. First, that chloroform has never, under any circumstances whatever, any direct action upon the human heart. Secondly, that the primary effect of chloroform is to gradually lower the blood-pressure, dilate the arterioles, and slow the circulation, both systemic and pulmonary. Thirdly, that after a certain stage the respiration is retarded, the slowing being in direct proportion to the fall in the blood-pressure. Such was the extent of our knowledge on this most important subject when I first gave attention to it. It must be understood that I do not profess to have added to our knowledge of the physiology of the process, but, accepting the conclusions of the commissioners, I have arrived at what I conceive to be a rational explanation of the occurrence of

asphyxia, and what is more to the purpose, at a practical and safe method of obviating it.

I regard the asphyxia as dependent upon a twofold cause. First, a lowered blood-pressure with its attendant slowing of the pulmonary circulation. Secondly, an interference with the normal process of aëration, this interference being likewise dependent on two things, (*a*) an actual slowing of the respiration (vide *Hyderabad Chloroform Report*), and (*b*) the continued inhalation of fresh doses of an active poison, which, by accumulation, interferes with the due elimination of the CO_2 of the system.

It was a consideration of this latter fact which led me to devise the method for the prevention of asphyxia which I have now to lay before you. It consists simply in the inhalation of a mixture, proportionate to the requirements of the case, of chloroform vapour and oxygen gas. The advantages claimed for the method, which has advanced far beyond the stage of experiment, are that oxygen, by *maintaining perfect aëration* throughout the whole process, *ensures regular respiration*, consequently escape from the danger attending languid circulation, irregular respiration, and imperfect aëration, viz., asphyxia. The dreaded sudden lowering of the blood-pressure *with pallor*, the indication of approaching asphyxia, cannot occur because stagnation in the systemic vessels is prevented by normal activity of circulation; moreover the nutrition of the heart is uninterfered with. Further, be the required dose of chloroform what it may, and it will vary in every case more or less, it may be said to be incapable of narcotising the vagus, because, being carried more rapidly to the nerve centres, less is necessary, and its action is *limited* to the suspension of consciousness, which is all that we require. Again, a feeling of confidence and safety is imparted to operator and patient alike, unknown under the old system; recovery is greatly facilitated; and there is an entire absence of the deadly depression with which we are only too familiar. Last, but not least, the fortuitous element in chloroform anæsthesia is eliminated, to the great advantage of all concerned.

It now only remains to say a word upon the subject of inhalers. It is, I believe, generally conceded that safety

depends not only upon who gives, but upon the mode of giving our anæsthetic. But this, to be absolutely safe, must, whatever the form of inhaler, be in combination with pure oxygen, regulated and controlled after the manner carried out by Messrs. Arnold and Sons, of Giltspur Street, and 31, West Smithfield, London.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. WINGFIELD, Birmingham.

Tabes Mesenterica.—Iodum.

J. S., a boy of 4 years, had for a year been under several leading old-school physicians with little benefit, when his parents decided to place him under homœopathic treatment.

Symptoms.—Child much emaciated, constant diarrhœa, stools being very loose, offensive and frequent. Occasionally there is vomiting. Tongue foul. Eyes sunken in orbits. Pulse thin, rapid and compressible. Skin thin, dry and flabby. Extremities cold. Cutaneous veins are distinct, blue and dilated over chest and especially over the abdomen, which is tumid and tympanitic on percussion. The child is constantly crying, the voice being thin and metallic. Temperature averages 102° F.

Treatment :—Mer. cor. 3x gtt. ij, every 3 hrs. This checked the diarrhœa, and the child seemed better, but as after a few days there was no further improvement this was changed to iodum 3x, gtt. ij, t.d.s. Since then there has been a gradual but steady improvement. Diarrhœa has ceased, tongue cleaned, food is taken well, and the child's general appearance has become healthy.

A second case of a child of one year old, whose symptoms were almost exactly identical with the preceding, was also completely cured in a very short time by iodum 3x.

Lupus—Hydrocotyledon.

CASE I. Mrs. B. æt. 50. For 11 years has suffered from lupus on the right side of the nose, extending

*Contributions are invited for these notes. Reports of cases should be sent to Dr. Ord, Bournemouth.

from the root of the nose to the tip and involving the adjacent parts of the cheek. She has been under many old-school practitioners, and has had the patch scraped six times, but it has never healed. Her general health is good. Hydrocotyledon ϕ ʒij to glycerinum ʒj, was ordered as a paint to be applied night and morning. Internally, kali bich. 3x gr. iij, was ordered every three hours. In a fortnight's time there was marked improvement, the parts looking healthier, with a tendency to heal. In two weeks more the whole of the patch had healed over, being covered by apparently healthy skin.

Case II.—M. T., æt. 20, lupus extending over the whole face, nose, eyes and lips. The same prescription was given for external use, and hydrocotyledon 1x, gtt. ij every three hours internally. In about a fortnight the parts had greatly improved and were looking quite healthy. Unfortunately the patient had to leave the town, and so passed from observation.

From Dr. Mackechnie's Notes of cases treated at the Bath Homœopathic Dispensary.

Varicose Tumour—Hamamelis and Ac. Fluor.

Rose G., æt. 28, has a tumour in the right popliteal space. It is dense, movable, but there is no bruit or pulsation. There are varicose veins in both legs. No pain or tenderness. Swelling has been coming some months and gets larger. The catamenia are scanty, there is dysmenorrhœa. Bowels costive, motions large, hard and crumbling. Ordered hamamelis and bryonia. Next week the bowels were moving naturally, but patient complained of constant weariness. Varices the same, ordered ac. fluor. 6x, in alternation with hamamelis; to stop bryonia. In another week the veins were distinctly smaller. The following week the tumour also was much less. Hamamelis was stopped and ac. fluor. continued for a month, other remedies, bryonia and spigelia, being given for various symptoms intercurrently. After this the tumour disappeared and the veins remained greatly decreased in size. Patient continued under treatment for dysmenorrhœa for some eight months, but had no return of swollen veins, except once for a few days when the catamenia were delayed. This was promptly relieved by pulsatilla.

Eczema of Face.—Arsen. Iod.

Elizabeth N., æt. 38. For eight years has suffered from severe eczema of face, almost resembling acne rosaceæ. The eruption cracks, and oozes slightly. She is dyspeptic, complaining of sinking before food and pain at epigastrium with distension after meals. Tongue furred. Throat easily affected by every cold, it frequently swells and inflames. She is flatulent and drowsy after food, and appetite is bad. There is alternate diarrhœa and constipation, with tenesmus after stool. Menses usually too early, very scanty, ovarian pain precedes flow and sanguineous leucorrhœa follows. Urine thick and high coloured. ℞ : arsen. iod. 3x gr. iij. t.d.s. In a week the face was decidedly better, but constipation was more marked, stools being large and hard. A dose of bryonia ordered every night, to continue ars. iod.

A fortnight afterwards there was a marvellous improvement. The face was almost well, though occasional outbreaks of irritation still occurred. Bowels acted well, less drowsy, urine natural. To continue ars. iod. Patient did not return.

Locomotor Ataxy—Iodide of Arsenic.

William F., æt. 36, a compositor. Pains in legs, 11 years. They are sharp and spasmodic, very frequent day and night but worse in first sleep at night, also worse in summer. He has vertigo, and walks badly with the eyes closed. Clumsy in touching tip of nose with eyes shut. Knee-reflexes lost. Frequent micturition. Ordered ignatia 1x, but without benefit, also belladonna which relieved the enuresis but not the pains. After a month's treatment with little result arsen. iod. 3x gr. iij t.d.s. was given. The first week there was no improvement, but in a fortnight the pains were less severe and frequent. Ars. iod. continued. From this time there was steady improvement in all symptoms except the frequent micturition, which returned, but was finally checked by belladonna in alternation with the ars. iod. Two months after commencing the latter he reported himself as wonderfully better in every respect, having now only slight touches of pain occasionally.

Urticaria.—Chloral Hydrate.

Ann B., housewife, æt. 48 years. There has been urticaria all through her house, others better, but she is very bad, with large raised wheals and much irritation. Apis mel. was given for two weeks with no benefit. Then chloral hydrate was ordered 4tis horis. In four days the rash had greatly improved, but had not gone. As she complained of constipation, uterine prolapse and leucorrhœa, sepia was given in alternation. In a week's time the urticaria was practically gone, and bowels were better, so sepia was given alone. Next week the urticaria had returned with much irritation, chloral hydrate was given again, and she was free from rash in two days' time, there being only one slight return for a few hours on the seventh day.

A daughter of the above, æt. 7 years, was also treated for urticaria with her mother. Apis having very slight effect after a fortnight, chloral hydrate was given, and speedily removed the rash and irritation.

CONSULTATION DAY.—FOURTH SERIES.—LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. Washington Epps.

The consultations were resumed on November 6th, and continued on November 20th and December 4th. Nineteen cases were shown on the three days, some of which were of exceptional interest. The attendance showed that an increased interest was taken in the meetings, the number of medical practitioners, including three medical women, being 19, 22 and 13 respectively.

The following are the more interesting cases:—

Case I.—*A Case of old Dislocation of the Elbow-joint.*

Mr. Dudley Wright showed on November 6th this case, which was attending his out-patient clinic. The patient was a lad of 16, who had met with an accident 6 or 7 years before when playing football. The right arm showed marked deformity of the elbow-joint, which was partially fixed at almost a right angle and allowed of very little movement. Mr. Gerard Smith very kindly tried to show the position of the bones in the joint with the X-rays. The demonstration was not very

successful at the time. Mr. Gerard Smith has since the consultation written explaining the cause of the failure.

He says: "I was unable to demonstrate on the X-ray screen, because the combination of the new 'Penetrator' tube supplied by Messrs. Watson, with their very sensitive fluorescent screen, resulted in the bones being penetrated by the X-ray almost as freely as the flesh, etc., hence there was insufficient contrast, my apparatus being, in fact, too effective for bones situated near the surface. The radiograph which I have taken, however, exhibits the state of things well, though the presence of much deposit of new bone prevented the ulna and radius from being placed close to the plate, and therefore the outlines of these bones are somewhat indistinct. The humerus is at its lower end greatly enlarged, the normal joint surfaces being apparently obliterated, both ulna and radius are dislocated, the ulna being in a very unusual situation, displaced inwards and upwards, the olecranon resting above the inner condyle of the humerus. The joint cavity of the ulna is seen quite empty, the coronoid process broken off and attached, probably by fibrous adhesions at a little distance above. The radius is displaced downwards and is closely wedged against the surface of the outer condyle of the humerus on the forearm being slightly extended." He continues, "Complete but feeble flexion is obtained, but extension is almost entirely prevented. The injury was so long ago, and the bones are probably so fixed in their displaced positions, whilst the humeral joint surface has apparently so completely disappeared that I cannot give an opinion as to treatment. Possibly a partial resection of the joint, removing the large mass of bone now representing the lower end of the humerus, might place the bones in a better position to regain some movement, and even a fibrous joint would be more useful than the existing one."

Case II.—*A Spinal Case.*

This case, shown by Mr. Dudley Wright on Nov. 6th, was of an only child, aged 5½ years, with extreme lateral curvature to the left side, which had been noticed since she was 12 months old. There was no history of serious illness, as pleurisy or empyema, to account for the deformity, which was apparently due

to gross neglect in a rickety child. The child had had bronchitis and whooping cough, but these were subsequent to the commencement of the deformity.

Mr. Gerard Smith said the child was evidently poorly nourished and distinctly rachitic. The curvature had been badly neglected and allowed to increase without any attempt at treatment. The deformity was extreme, especially in so young a child. The deformity was rachitic in origin, not due to any asymmetry of legs or pelvis, nor to caries. He did not think the appearance of collapse seen on the right side of the thorax, posteriorly, was due to any lung or pleural contractions, because, though extreme, that part of the deformity followed the usual direction from severe rotation; the deformity had become so serious that there was now permanent osseous changes, probably wedge-shaped, of many of the dorsal vertebræ. He did not think curative treatment was possible. He suggested mechanical support whilst the child was growing to prevent further disaster. If exercises were tried, they must be done with extreme care. He was quite sure that if left alone, the deformity would become worse and worse.

Mr. Knox Shaw thought exercises would be of no use, and that supports were absolutely essential.

Dr. Roberson Day referred to a case of a mother and three daughters with extreme lateral curvature, in which, in spite of all kinds of treatment, the deformity persisted.

CASE III.—*A case of Bat's-wing Lupus.*

Dr. George Clifton brought up this case, Nov. 6th, from Leicester. A photograph, showing the face with extensive scarring, was exhibited at the consultation held on October 4th, 1895, and the case reported in the *Monthly Homœopathic Review* for December 1895, page 708. At this time the disease appeared to be cured. It was then described as lupus erythematosus; the disease was, however, an undoubted case of lupus vulgaris, considerable destruction of the alæ and septum having taken place.

The history of the case was briefly as follows:—

G. P., aged 30, carpenter. Nine years ago the nose became swollen and the cheeks patchy and red. For the first eight months he was treated by the village doctor; then at the Leicester infirmary, first with cod

liver oil and an ointment and afterwards with ethylate of sodium; then he went to Guy's Hospital, November to January, 1889-90, where he was under Mr. Howse, and had several kinds of treatment, including the ethylate of soda, with but slight improvement. Afterwards Koch's tuberculin was injected 13 times. The reaction was most severe. Patient said that, under the Koch's treatment, his head swelled to twice its normal size. In 1891, patient was again in Guy's Hospital, under Mr. Jacobson, who thoroughly scraped the patches and cauterized with ethylate of soda. In 1892 the patches were again scraped on two occasions, and each time remained quiescent for about three months, afterwards spreading as before.

About June, 1895, the man first consulted Dr. Clifton, who tried hydrocotyle, rhus. rad., rhus. ven., petroleum and rumex, but without any effect. He, however, got markedly good effect from ars. iod. 3x to 5x internally, and a gelatine paste of zinc or arsenic (ars. alb. 3 ʒi ad ʒi). He found the ars. iod. preferable to the ars. alb., and that the ars. iod. 3x after a few days aggravated and needed changing to 6x.

When seen at the consultation, the whole of the nose was covered with white scars, and around the nostrils and in the septum was considerable loss of substance. The white scars spread half-way across each cheek. All this part of the face appeared to be completely cured. Between the scars on both cheeks and the ears were, however, red scaly patches looking more like lupus erythematosus than L. vulgaris. The general appearance of the patient was distinctly good.

As the treatment appeared to be very successful no suggestions were offered. The case is interesting, as bat's-wing lupus is usually of the erythematous variety.

Case IV.—*A Case of Spinal Sclerosis.*

Dr. George Clifton, Nov. 6, brought up this interesting case from Leicester for diagnosis and suggestions as to treatment. G., aged 47, wool-sorter. He first came under observation in August, 1894, when he had been suffering for three or four years from gradually increasing loss of power in the legs, most in the left. He had then more or less paralysis of both sides. The sexual power had always been deficient, but for the last few years it

had entirely ceased, together with all desire. Patient had had a bad strain at 37, which appeared to have increased his weakness. "Patient does not straddle nor dig in his heels like in locomotor ataxy. He shoots along in walking. Patient is always very much improved by cold bathing; when unable to walk a half mile, a plunge into the river and short swim will improve his walking powers for some hours."

He had taken picric acid, ferri picr., agaricus, conium, strychnine and phosph. without appreciable benefit; the galvanic and Faradic currents had also been used. He had improved somewhat for six months under zinc. phosph. 1, also with baryta chlor., in three drop doses of the freshly prepared B. P. solution, which solution will only continue active for a week. He had been at a standstill as to improvement for the last six months.

At the consultation, the following symptoms were noted:—Dragging of the left foot, especially in walking upstairs; a large exostosis on the right tibia from a blow; absence of pain or weight in legs, knee jerks increased, right ankle clonus increased, left ankle clonus much exaggerated, sensation in leg perfect, standing with eyes shut normal; no nystagmus, no tremor of hands, grip of left hand weaker than right; this may be due to his trade, that of a wool-sorter; left deltoid smaller than right. Patient at times suffered from bladder weakness. There was no history of raised temperature, or attacks of sickness or vomiting. Parents healthy.

Dr. Goldsbrough said that the lesion might be chronic myelitis, that there was a complete absence of the usual symptoms of spinal sclerosis, and suggested argent. nitr. Drs. Moir and Clarke were both of opinion there was a lesion of the spinal cord, and the latter suggested lathyrus as a remedy. One question asked was why the patient was always better for some hours after a plunge into the cold river? It was generally considered that the shock from the cold water might diminish the congestion around the cord and so lessen the paralytic symptoms for the time being.

Case V.—*An Abdominal case for Diagnosis.*

Dr. Clarke showed, Nov. 6th, the case of a man of 43 years, a tailor, who was admitted into Hahnemann ward on October 26th, 1896.

The patient's father died of old age at 71; mother living, aged 80; three brothers living and healthy, three died, one of enteric fever and two in infancy. No consumption among relatives. Past history. Patient had typhoid at 11 years and dysentery in Africa 15 years ago. No other serious illness. He had only spent a few months abroad as it injured his health. He had been a moderate drinker of beer and spirits. He denied having had syphilis. He had always suffered from indigestion, and two years ago had a great deal of worry. The present illness began 20 months ago with a rapid loss of flesh—nearly three stones. About the same time he was troubled with constant belching of offensive gas; this continued for over a year but was unaccompanied by sickness or pain. For the last five months when beginning to eat, the food would be returned at once with a rush of wind from the stomach; this was followed by relief, and the food taken afterwards was retained. He has at no time had any severe pain, but always a feeling of uneasiness and distension. Bowels have always been more or less constipated. This has increased during the last month. Stools very dark and very hard, never any blood.

Six weeks ago he first noticed the abdomen to be swelling, and there had been some œdema of the legs for two days.

Present condition. — Marked emaciation, sallow cachectic complexion, anxious expression of countenance, somewhat marked proptosis. Chest, marked wasting. Lungs and heart normal; deep liver dulness begins at third space. Abdomen greatly distended, 34½ inches at umbilicus. Special prominence at epigastrium. There is an anastomosis of the internal mammary and epigastric veins, with an upward current. On palpation the whole abdomen has a tense fluctuating feel, but no solid swelling could be felt. There was a distinct fluid thrill. On percussion the whole abdomen was dull.

Urine very scanty, sp. gr. 1030, acid, abundant urates, no albumen. Medicine given, lycop. 12, ceanothus 3, and lust. 200. Dr. Clarke brought this case to the consultation for diagnostic purposes. He considered it one of tubercular peritonitis, although there was an absence of raised temperature. Drs. Moir and Epps considered the disease malignant, but all the

medical men present were of opinion that no definite diagnosis could be made until the ascitic fluid was removed. The patient refused all surgical interference, and left the hospital the next day.

CASE VI.—*A Tumour on the Cheek.*

Mr. Dudley Wright showed, Nov. 6, this most interesting case of melanotic sarcoma of the cheek in a girl of 8½ years. The tumour was first noticed at three months as a small raised bluish lump, and at the consultation was about the size of a filbert, elastic in feel, brownish-purple (nævoid) in colour, the brown colour spreading into the cicatrices left by the previous operations. The tumour was situated on the right cheek on the inner third, just below the lower eyelid. The tumour had been excised three times by Mr. Simon at Guy's Hospital, when the child was 23, 29 and 41 months old; the last time five years ago. The child was the eldest of three children, and had had good health apart from the tumour. The other children were healthy.

Mr. Shaw thought the case most unusual, that the tumour was a melanotic sarcoma. He excluded nævoid growth, as there was an absence of pulsation, and thought the case unpromising for operation, seeing that the growth had recurred three times after surgical interference. Dr. Byres Moir was of opinion that the tumour was originally nævoid, which had degenerated into a sarcoma. He doubted its being melanotic. He suggested thuja 30 internally and also locally. Mr. Dudley Wright said that congenital cysts were often met with in the position of the tumour. He thought the tumour was at first more nævoid in character, but that now it was a melanotic sarcoma. The pigmentation had spread from the tumour into the cicatrix.

Since the consultation the child has been under Mr. Knox Shaw, and has taken thuja 3x mv. ter die for three weeks, with distinct diminution in the size of the tumour and disappearance of part of the pigmentary patch.

CASE VII.—*A Lymphadenoma of the Neck.*

Dr. George Clifton also showed, Nov. 6th, a most excellent photograph of a girl of about eight years, suffering from enormous enlargement of the glands of the neck. The tumours were situated at the side of the

neck over the sterno-mastoid muscle, that on the right side reaching from the lobe of the ear to the clavicle; that on the left side being about one-half smaller and not reaching up to the ear. The appearance of the tumour was round and smooth. On two occasions the glands had been removed but had rapidly recurred.

CASE VIII.—*Pseudo-hypertrophic Paralysis in a Child.*

Mr. Gerard Smith exhibited, Nov. 20th, this most interesting case. The patient was a young boy, one of a large family, who has all the characteristics peculiar to this disease, the gait and the lordosis being specially well marked. Dr. Galley Blackley agreed in the diagnosis. He considered that treatment would not have any good effect.

Dr. Goldsbrough mentioned a similar case, which he had fully described in the *London Homœopathic Hospital Reports* for 1896, in which he had given phosphorus 3 and the lower potencies for a year without any marked improvement. The boy, he said, was growing, and was now better able to overcome the paralysis, so that it was less noticeable. He could not say, however, there was any real improvement. Dr. J. Richey Horner (a visitor from Pittsburg, U.S.A.) said the condition was caused by lesion in the muscles due to perverted embryonic growth. He suggested, as the most suitable treatment, gymnastics of the hypertrophied muscles and Faradism. He mentioned that one did not find any lesion in the brain or spinal cord in fatal cases.

Dr. Byres Moir thought exercises and phosphorus the most promising form of treatment.

CASE IX.—*A Tumour in the Region of the Gall-bladder.*

This very interesting case was shown, Nov. 20th, by Dr. Goldsbrough, who sought the opinion of the staff as to the nature of the tumour and the advisability of an operation.

The history of the case was as follows:—J. F., aged 39, female, married 19 years, no children. Patient was a thin, spare woman; she had suffered for years from chronic dyspepsia, with thickly coated tongue, occasional vomiting, and severe pain referred to the right side of the abdomen, in the region of the ascending colon. No history of jaundice.

Three months ago she had for some days a sharp pain in the right hypochondrium. This was followed by a severe attack of peritonitis, which was more or less general, but most severe to the right side and upper part of the abdomen. Dr. Goldsbrough attended patient through this attack, which kept her in bed for six weeks. When the peritonitis had sufficiently subsided to allow of careful examination, a large inflamed mass was made out in the region of the gall-bladder. This tumour gradually lessened in size, but during the last month it had remained stationary. At the consultation it was about three fingers in breadth, and reached longitudinally to just below the level of the umbilicus. The mass was not very hard and did not fluctuate. During the acute attack the bowels were very irregular in their action, at first a long spell of constipation, then a succession of loose stools containing blood, subsequently constipation, which still continued. Latterly there had been a normal temperature, and the patient had much gained in strength.

Dr. Galley Blackley said there was evidence of old inflammatory adhesion matting together the organs in the region of the gall-bladder, the tumour being continuous with the liver.

Dr. Burford, who examined the patient on her back, and also in the hands and knees position, said that the tumour was conical, the apex being towards the umbilicus; that it was continuous with the liver and was connected with the gall-bladder. He considered it non-malignant, and suggested an exploratory incision if no further improvement took place.

Dr. Marsh would not advise any operation until after another acute attack.

Dr. Neatby considered that the bulk of the tumour was inflammatory; that the nucleus was doubtful. He would exclude the kidney. He did not think the swelling was the gall-bladder. He had seen two similar cases in which the tumours were thought to be connected with the gall-bladder, but which on operation proved not to be so. He thought the tumour was possibly due to ulceration from a biliary calculus, which had set up the induration, but it seemed to him swelling more likely to be due to perforation of an ulcer of the stomach. He

did not think the true origin of the swelling could be explained without an exploratory incision.

Dr. Goldsbrough thought the mass the result of the inflammation, and not the cause. He was in favour of a gastric origin.

CASE X.—*Disease of the Testicle.*

Dr. John Murray brought up this case, Nov. 20th, from Folkestone. The patient, G. E. P., aged 29, cabinet-maker, married, had always had good health. At 11 years of age he first noticed a swelling of the scrotum, chiefly on the right side. At 21, under advice, he painted the swelling several times with iodine, but without effect. At 25, his club doctor performed some operation.

In February, 1894, Dr. Murray saw patient, and found him suffering from a well marked hydrocele, with some enlargement of the testicle. The hydrocele was tapped and about 8 ounces of a straw-coloured fluid removed. This operation had been repeated three times, the last on October 30th, 1896, since when the fluid has begun to re-accumulate, and the enlargement of the testicle has considerably increased. The glands in both groins are enlarged, but this had somewhat decreased since the last tapping. At this time patient had a considerable urethral discharge, which had decreased since he used potass. permang. injections. The family history was suggestive, two sisters having died of phthisis. His father and mother and several brothers and sisters were, however, alive and healthy.

At the consultation the man was found to have a phymosis, balano-urethritis, with copious purulent discharge, orchitis of the right side, with considerable fluid in the tunica vaginalis and some induration of the inguinal glands. There was no history of sore throat or rash. Mr. Dudley Wright thought the testicle healthy, that the apparent enlargement was orchitic, that the indurated glands were dependent on the præpucial irritation, and he advised circumcision.

THE CASE OF STIVEN *v.* WELSFORD.

By C. KNOX SHAW.

THE year 1896 has been memorable in the medical world for the number of important legal cases affecting the profession that have excited public interest. Kitson *v.* Playfair, and Beatty *v.* Cullingworth, have raised

points of totally different character, but of considerable importance to all members of the medical profession. Lessons are to be learned from each. From the first, as to the confidential nature of facts relating to the patient by whatever means obtained by the doctor; and from the second, as to the responsibility undertaken by the operator who, in meeting difficulties at the time of operation, may be called upon to do more than the patient anticipated or gave consent for. The ethical questions raised by these cases have been duly discussed in the pages of the *Monthly Homœopathic Review*. Within the last few weeks another case, Stiven v. Welsford, again differing from the above-mentioned in the question raised, has had the painful publicity of the press. It can be viewed from many points, but there are two which seem to be particularly emphasised by a perusal of the evidence as published in the daily press and in the medical journals. The first is the array of expert medical evidence called on each side to prove almost diametrically opposed views. Is it not time some serious consideration were given to this too prevalent habit of medical men giving evidence in cases they have not examined, and forming their opinion on *ex parte* statements which, from their very nature, must be biassed? It is so easy to be wise after the event, it requires no unusual stroke of genius to be that; but every medical man of the most limited experience must know how difficult, how almost impossible, it is at times to differentiate the conflicting symptoms of the incidence of some diseases. But to pronounce a definite opinion after hearing the history of a case from the lips of prejudiced persons is surely not consistent with the highest ideal of a profession such as ours. It is not to be supposed that the expert medical witness, of either side, consults with both plaintiff and defendant so as to arrive at an unbiassed and judicial opinion. He has to pronounce upon the case as it is presented to him by the plaintiff's or defendant's legal advisers, and it is natural that the latter will put it in the way most likely to benefit his client. The "expert scientific witness" should be left to other professions. It must shake the confidence of the public in the profession when they see able men differ so materially on the significance of symptoms. The medical profession makes no claim for infallibility, but at

least it need not go out of its way to strengthen the growing scepticism as to its power of arriving at a correct conclusion, and to foster the proverbial idea how frequently "doctors differ." Something will have been accomplished if these cases will cause a man to think before he consents to enter the witness box as an expert medical witness of this class.

The rule of ethics has been tersely put as "doing unto others as you would they should do unto you," and if this had been applied by the disputants in Stiven *v.* Welsford much unpleasantness would have been avoided. There is a right and a wrong way in expressing difference of opinion with a colleague over a case. Every man may have at times to differ seriously from a colleague upon questions involving perhaps the life of a patient, but it is possible to put the matter fairly before the patient or friends without imputing an error of diagnosis from carelessness. Here, too, an opinion was formed upon the character and importance of the early symptoms without having seen the patient. There is evident danger and injustice in commenting freely and recklessly upon a case under the care of another medical man which has not been observed from the beginning by the commentator. Due allowance should always be charitably allowed for difficulties which may have presented themselves to the original observer, but which the subsequent development of the case has cleared up. A little more charitableness in dealing with one another will make life smoother, happier, and pleasanter.

REVIEWS.

Homœopathic Treatment for the Malarial Fevers of West Africa. An Address delivered to the African Trade Section of the Chamber of Commerce, Liverpool, by J. W. Hayward, Esq., M.D. Liverpool: Lea & Nightingale. 1896.

This address was delivered at the request of the Liverpool Chamber of Commerce, and has been printed by the Chamber, and, we believe, distributed among their sea-going captains and officials residing on the West Coast of Africa. Dr. Hayward responded to the request, prompted as it had been by pure philanthropy, the more readily, because, among local

homœopathic practitioners, in consequence of his having retired from practice, he was the one least likely to be charged with having done so from self-interested motives. Some of his professional brethren, he thought, might accuse him of unprofessional conduct in appearing, in the way he did, before a non-professional audience, but he pleaded as his apology, the humane appeal that had been made by the chairman that it was the duty of those who carried on their business on the West Coast of Africa, to do what they could to make life more tolerable there, and his object was to assist them in doing so by advocating a medicinal treatment of the most fatal form of disease existing on the coast, one that could bring about much better results than those following the present methods in use there.

Malaria and malarial fevers being of the same nature and requiring much the same treatment in whatever part of the world they occurred, his want of personal experience in the treatment of African fever was not the barrier to his rendering them some help in its treatment that it might be supposed to be. He further argued that to physicians acquainted with homœopathy, "given the cause of a disease and an accurate description of its symptoms and their course, progress, and termination, they are as ready to encounter, prescribe for, and treat the first case they meet with as the hundredth, because it is the appearance and symptoms present in the patient at the time that point them to the proper medicines to be used. Homœopathic physicians have not to go through a long series of careful observations and elaborate experiments before they can undertake the treatment of particular diseases, even though these be quite new to them. Homœopathy is a science, and can prognosticate, and provide beforehand. Before he had seen one single case of Asiatic cholera, Hahnemann, in 1831, pointed out the medicines that would be found to be the curative ones should cholera ever visit Europe; and these are the very medicines that have been found to produce such signal success in every epidemic that has since occurred! To prognosticate is one of the powers and advantages of a true science, as well as one of the evidences that it is a science and not merely an art."

Having briefly touched on the germ-source of malarial fevers, and on the futility of endeavouring to check their course by so-called germicides, he passed to the consideration of the question whether the method of practice called homœopathic could effect any better results. This question, on the strength of his experience in both non-homœopathic and homœopathic practice extending over 50 years, on that of the published results of the two methods of treatment in

the most severe diseases and the worst forms of malignant malarial fever, he unhesitatingly answered in the affirmative. He then referred to the statistics which support his conclusion somewhat more in detail, and clinched his argument by stating that were he himself attacked with malarial fever, he would much rather trust himself to the care of his wife or daughter, or to a layman following the directions for homœopathic treatment, than to the best and most experienced non-homœopathic practitioner on the coast, "simply because the latter would not have, and could, or at any rate, would, not use the medicines that can check the disease." He continues, "The medicines are so effective, and the directions so definite, that an amateur with them is, in these cases, vastly superior to a veteran practitioner without them."

He urges the section of the Chamber of Commerce to have missionaries and captains of vessels furnished with the necessary homœopathic medicines and directions, and to endeavour to introduce homœopathic treatment into the settlements on the coast. Dr. Hayward added that "with about two dozen one ounce bottles of homœopathic medicines, and about one dozen duodecimo pages of directions, an intelligent missionary or captain would be able to effect much better results than an ordinary ship's doctor with the Government manual and chest of medicines, and would be able to save many valuable lives that would otherwise be lost. And there are always these two comforts, viz., (1) That he could not possibly do any harm, but would be sure to do some good; and (2) That if well directed homœopathic treatment had not saved the patient, in all probability no medical treatment could have done so. After the death of a patient it is always a great comfort to feel that everything has been done that could have been done. But only practitioners who know both methods of treatment can assure the relatives and friends that this is so. Homœopathic practitioners, at least British homœopaths, do know both methods; they have been educated in, and have generally begun practice in, the allopathic method, and have learnt and adopted the homœopathic afterwards from being convinced it is the better, whereas the old school practitioners do not know both; they have not studied and will not learn the homœopathic method."

In concluding this address, Dr. Hayward hoped that: "In the interest of our fever-stricken fellow-creatures on the Coast, the African Section of the Liverpool Chamber of Commerce would do its utmost to cause them to be able to obtain homœopathic treatment. By doing so," he further urged, "you will add another to the many and great services you

have already rendered to Africa, and will earn the blessings of future victims of African fevers."

We most heartily thank Dr. Hayward for this contribution to the propagation of homœopathy; we have heard such propagation called "cruelty." But we gladly recognise the fact, that the saying, "*nous avons changé tout cela*," is true occasionally. It is not often that the practising of individuals is so much better than their preaching! We welcome an illustration of it.

Since this account of Dr. Hayward's excellent pamphlet was in type we see from the report in the *Liverpool Mercury* that at a meeting of the African Trade Section of the Liverpool Chamber of Commerce on the 15th ulto., the committee reported that Dr. Hayward, of Birkenhead, who had read recently a paper to the section on the subject of the homœopathic treatment of malarial fevers, had very kindly forwarded gratis a paper containing very full directions for the treatment of the fevers in their various stages homœopathically, together with a list of the medicines therein referred to. It was resolved by the committee that 1,000 copies of the directions should be printed in such a form as would facilitate their being included in small medicine chests filled up for use on the Coast, and it was resolved that the best thanks of the committee should be given Dr. Hayward for his interest and action in the matter. A letter was also read from the Eastern Telegraph Company thanking the committee for copies of Dr. Hayward's paper, which they had transmitted to all their telegraph stations on the West Coast.

Veterinary Homœopathy in its Application to the Horse; including a Code of Common Suggestive Symptoms. By JOHN SUTCLIFFE HURNDALL, Member of the Royal College of Veterinary Surgeons, England. Philadelphia: Boericke & Tafel. 1896.

MR. HURNDALL gives us several good reasons for the issue of his work, all of which are superfluous when he presents us with so excellent a treatise on so important a subject. As the volume is intended for the use of non-professional lovers and keepers of horses, the language is designedly and wisely made as simple as possible. In the chapter on diagnosis the author explains the value of leading symptoms, such as derangements of pulse, respiration, etc., and makes some sensible remarks about the stupid practice of preventing horses afflicted with colic from lying down.

The chapter on hygiene and sanitation is good as far as it goes, but we think some authoritative statements about feeding, grooming, etc., would have been very useful. A chapter,

too, on the shoeing of horses might with advantage be added in the next edition (which we hope will soon be called for).

The medicinal treatment throughout strikes us as good and reasonable, and the indications for the various drugs are given with clearness. In horses leading indications are the chief ones, and there is less danger of failure through depending on fancy verbal distinctions, &c.

Mr. Hurndall's work closes with a chapter entitled "A Code of Common Suggestive Symptoms," arranged in alphabetical order. After each symptom is given name of the disease or diseases in which the symptom is found. To the uninitiated this list will prove of the greatest value, and often put them on the right track when they might otherwise easily wander.

We are sure this work meets the need of a modern and scientific, yet simple, manual of homœopathic veterinary medicine, and we wish it every success.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The third meeting of the session was held at the London Homœopathic Hospital on Thursday, December 3rd, 1896, at eight o'clock, Dr. Madden, President, in the chair.

John Harvey Bodman, M.B., B.S. Lond., M.R.C.S., L.R.C.P., of the London Homœopathic Hospital, was elected a member by ballot.

Section of Materia Medica and Therapeutics.

Dr. A. S. Alexander, of Plymouth, read a paper on *Hypericum in Spinal Paralysis*. The author first remarked how difficult it was to get any medicinal effect in the severer forms of lesions of the spinal cord, instancing locomotor ataxia, and thought that this might be due to their insidious onset; to our inability to recognise the initial disturbance; and to the paucity of thoroughly proved drugs related to the external symptoms of the disease. He thought the etiology of the disease might afford a useful clue. Having referred to the part psora plays in these cases he then went on to discuss traumatism, in which he included accidents from without as well as accidents from within, as cerebral hæmorrhages. In considering the drugs at our disposal, he referred to Dr. Ellis' paper in the *Journal of the British Homœopathic Society*, and to Dr. C. Wolston's paper in the same *Journal* on the salts of barium, and to Dr. McLachlan's paper on the relations of mercurial poisoning to multiple cerebro-spinal sclerosis. To these drugs he wished to add another, hypericum perforatum. He then mentioned the nervous symptoms exhibited by the

drug, obtained from the *Cyclopædia*, and gave instances of its curative action from the various published articles. He then read two carefully recorded cases in which this drug had been used under his observation with great benefit. The first was a young soldier, aged 23, who had been invalided for supposed aneurism, accompanied with pain in the back and legs. He subsequently had an accident, followed by partial paraplegia and loss of control of the rectum. When seen by the author the case presented the usual features of spastic paralysis, excepting in the diminished sensibility. He also apparently had a luxation of the 9th or 10th dorsal vertebra. He was given hypericum 1x, subsequently changed to mother tincture. A rapid amelioration of all the symptoms was soon noticed, and after six weeks treatment he was cured of his paralysis, but the prominence of his spine and its rigidity remained. The second case was that of a lad aged 18, who after an injury to his head developed fits, staggering gait, dragging of limbs, exaggerated reflexes. He was given arnica and cicuta. The fits ceased, but the spinal symptoms increased. He was then given hypericum ϕ. In eight weeks a very marked change for the better was noticed. In another two months he had practically recovered. Dr. Alexander thought the foregoing cases indicated that the spinal cord rather than the brain was the sphere of action for hypericum.

In the discussion that followed the reading of the paper Dr. Madden, Dr. Moir, Dr. Blackley, Dr. Dudgeon, Dr. Neild, Dr. Hughes, and Dr. Alexander took part.

Dr. J. R. P. Lambert then read a paper entitled *A Contribution to Ophthalmic Therapeutics.*

The paper was a record of a few cases illustrating the influence of homœopathically administered drugs in certain diseases of the eye. The two first cases showed the use of cedron in ciliary and supra-orbital neuralgia. In both these cases there was also ulceration of the cornea. The third case was one of strumous keratitis accompanied with photophobia and blepharospasm, and which, after various remedies and local applications had been used without much effect, euphrasia 3x and euphrasia lotion had effected a rapid change for the better. The fourth case was one of recent detachment of the retina in a man aged 45, a myope, in whom the detachment entirely disappeared under the use of apis 6. The fifth case was that of an old man of 76, whose vitreous body was found to be full of cholesterine crystals, and who had but little other change in the eye. After the use of sulphur 30 without apparent effect he certainly improved under the use of cholesterine 6x and later 12. The sixth and last case was that of a girl, aged 24, who made an

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excellent recovery from an extensive choroiditis under mercurius cor. 3. Repeated experiment showing that the drug acted in this case better in the third centesimal dilution than in the third decimal.

In the discussion that followed, Dr. Madden, Dr. Hughes, Mr. Knox Shaw, Dr. Alexander, Dr. Blackley, and Dr. Lambert took part.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

Post Graduate Course.

Summer Session—1897.

The medical staff have arranged a daily series of clinical lecture-demonstrations during May, June and July, 1897.

The main object of these courses is the clinical demonstration of diseases with their homœopathic and accessory treatment.

Each course will embrace a separate speciality, and in the lecture-demonstrations every endeavour will be made to bring the detail up to date.

Two distinct lecture-demonstrations will be given daily, except on Tuesdays and on alternate Fridays, when surgical operations and consultations respectively will take the place of and be regarded as equivalent to a lecture-demonstration.

Qualified ladies and gentlemen who intend to enter for one or more courses, or the whole series, are requested to send in their names to the secretaries by the end of March. Priority and every facility in the examination and demonstration of cases will be given to those so entering.

The courses will be free to each fellow or member of the British Homœopathic Society. All other ladies and gentlemen will be charged an inclusive fee of three guineas.

The following is the sessional programme:—

During the summer session, in the months of May, June and July, a daily series of Special Courses will be given by the undermentioned:—

Dr. Dudgeon on the Pulse and Sphygmograph.

Dr. Blackley on the Pathology of the Blood.

Dr. Moir on Diseases of the Heart, the Kidneys, etc.

Dr. Roberson Day on Diseases of Children and Anæsthetic Administration.

Dr. Washington Epps on Diseases of the Skin.

Dr. Goldsbrough on Diseases of the Nervous System.

Drs. Burford and Edwin A. Neatby on Practical Gynæcology.

Mr. Knox Shaw on Ophthalmology and special Surgical topics.

Mr. Dudley Wright on Diseases of the Throat and Ear and special Surgical topics.

Mr. Johnstone on Pathology and Bacteriology.

Mr. Gerard Smith on Orthopædic Surgery.

Entries for the whole or any of the above courses to be made to the Secretaries by early application.

Hon. Secretaries: { Dr. George Burford. / Mr. Dudley Wright.

THE CHILDREN'S HOSPITAL, ADELAIDE, SOUTH AUSTRALIA.

In this institution, founded in 1876 by our colleague the Hon. Dr. Campbell M.L.C., its medical staff has from the first been elected without reference to therapeutic doctrine, and, as a result, three of its members practise medicine homœopathically and three do not. At the time, it was, we believe, the only hospital in the world where perfect freedom of medical opinion existed. To-day, similar freedom is to be met with in several, notably the Cook County Hospital, Chicago. In all the arrangement has proved a success.

We have received a recent copy of the *South Australian Register*, containing a report of the last annual meeting of the hospital, from which we are glad to find that the bantling, brought into the world by Dr. Campbell twenty years ago, is full of vigour, still growing, and extending its means of doing good service; in so far presenting a striking contrast to its senior hospital—the Adelaide General—where the members of the medical staff—all non-homœopathic—not satisfied with having provoked a quarrel with the Board of management are at loggerheads among themselves. In a leading article on the proceedings of the meeting, the *Register* says: "At no previous period during the twenty years existence of the Children's Hospital have its friends had more cause to rejoice that it is free from the intrusion of the disturbing elements which have gone so far to wreck the Adelaide Hospital. As the annual report emphatically declares the one institution is deeply rooted in the confidence of the public, whilst nobody in his sober senses can truthfully assert that the other, under existing conditions, possesses the same important advantage."

The following extract from the Report will give our readers a fair idea of the progress the hospital has made in public opinion, and of the character of the work done in it:—

"In the last ten years the accommodation for patients has nearly doubled, the ordinary annual income has advanced £1,000 per annum, and the assets have increased from £17,192 5s. 9d. to £38,917 10s. 6d.

"Statistics of the medical work show a gradual increase of cases under treatment. There were 41 more in-patients in the hospital last year than in the preceding, and 188 more than two years ago. The daily average of in-patients has been 59·66. Of the 110 distinct forms of disease enumerated in the appendix, it will be seen that bone diseases again include the greatest number of cases, reaching a total of 48. This feature is more significant than a simple comparison of figures would suggest, as the cases in this class are for the most part of a chronic nature, and involve a prolonged stay in the hospital. On an average one-third of the cots are occupied by children suffering from this disease. This occasions a serious limitation of space available for acute and general diseases, yet we cannot but consider it is a well-directed effort, for the only hope of these little sufferers' effectually beating back the insidious malady is under hospital treatment. Enteric fever has been exceptionally prevalent during the year, 47 cases being received, which is more than double the number of last year, with 4 deaths. Twenty cases of diphtheria were treated, an increase of 12; 16 recovered. The lower death rate recorded in diphtheria during the past two years is probably due to the use of anti-diphtheritic serum, which seems to possess a specific value in treating this very fatal disease. Of the 423 in-patients, which represent the total under treatment for the year, it is satisfactory to note that 299 were discharged either cured or relieved, which with 65 in hospital, leaves a balance of 15 unrelieved cases and 34 deaths. The deaths were distributed over eighteen different diseases, 4 patients dying within twenty-four hours of admission. The attendances at the outdoor dispensary reached the unprecedented total of 5,295, which is 1,278 in advance of the preceding year, and 1,527 more than the attendance reported two years ago."

A bacteriological department is connected with the hospital, and great importance is attached to the value of the work done through it. For example, all suspicious throat cases are immediately investigated and diagnosed on bacteriological evidence, and, when necessary, isolation is at once effected. Again the report says, "Another important result of this method of investigation has been to prolong, on hygienic grounds, the period during which a diphtheria patient remains in the hospital. It has been found that the germs of the disease remain on the affected parts a greater length of time

during convalescence than was formerly suspected, and no child is now discharged until all evidences of diphtheritic bacteria have disappeared, and the child can safely mix with others without fear of contagion. This extended period amounts in most cases to several weeks beyond the period of normal convalescence."

Further, the same department is placed at the disposal of the profession in Adelaide and its neighbourhood, and lectures on bacteriology are given to medical students. The report describes these features as follows: "The laboratory and the services of the honorary specialist have been placed at the disposal of the profession on the payment of a small fee to cover expenses of postage, &c., and many medical practitioners have been glad to avail themselves of this ready and scientific means of determination in certain doubtful cases of sickness. In this work Dr. Borthwick has been ably assisted by Dr. Irwin, the Resident Medical Officer. A further feature of the bacteriological department has been the delivery of a course of lectures on hygiene and bacteriology at the hospital to the fifth year medical students by the Hon. Dr. Campbell M.L.C., Dr. Borthwick, and Dr. Irwin. The Board hopes that when better accommodation is available, a class for definite and systematic instruction in bacteriology will be established for the benefit of medical students."

Considerable extensions of the hospital buildings are in progress, at a cost of £5,000 of which, all, except £700, has been raised. The report eulogizes the zeal and persistent efforts of the Hon. Dr. Campbell in bringing about the phenomenal success of the scheme.

Such a useful and ever-expanding institution reflects the greatest credit upon the Hon. Dr. Campbell, the Board of Management and the people of Adelaide. Dr. Campbell has in years gone by given useful courses of lecture to the nurses, and conducted an ambulance class at the hospital. We wish that he could see his way to give a course of lectures on therapeutics, materia medica or clinical medicine. With the general hospital of the city so completely disorganised, he would have a great field in which to do useful therapeutic work.

NORWICH HOMŒOPATHIC DISPENSARY.

We have received a copy of the annual report of the Norwich Homœopathic Dispensary for the past year. About 600 patients have been under treatment during the year; over 1,250 visits have been paid, and there have been 2,215 consultations at the Dispensary. Several patients from this

institution have been received at the London Homœopathic Hospital for special medical and surgical treatment. The medical officers are Drs. E. B. Roche and F. Layton Orr, who attend four times a week, one attendance being specially for diseases of women. The audit sheet shows a balance of £6 2s. 7d., rather smaller than that of last year.

OLD LINEN WANTED!

We are informed that the matron of the London Homœopathic Hospital would be glad of contributions of old linen for use as dressings in some classes of cases. Perhaps our medical readers would kindly mention this to their patients and friends.

THE TREATMENT OF AFRICAN FEVER.

An address on the "Homœopathic Treatment for the Malarial Fevers of Africa" was delivered on the 16th Nov. by Dr. J. W. Hayward, before the members of the African Trade Section of the Liverpool Chamber of Commerce.

Mr. Alfred L. Jones presided, and in introducing Dr. Hayward, said that Liverpool merchants and shipowners felt acutely the responsibility of having to send men out to West Africa to fight against a disease which was so fatal to their countrymen.

Dr. Hayward said his appearance was in response to a humane appeal by the chairman, and in the hope that he might be instrumental in inducing missionaries and European residents in Africa to adopt homœopathic treatment for "blackwater fever," which, he asserted, was of the same nature and required the same treatment as the "black vomit fever" of America and India, in the treatment of which homœopathic physicians were much more successful than old-school practitioners. He maintained that with well-selected medicines very small doses will act curatively better than large ones; whereas no largeness of dose will make inappropriate medicines act at all curatively. He based the assertion that homœopathic medication can effect much better results in the treatment of malignant malarial fevers than that produced by the old method on a long personal experience of the two methods, and on published statistics, These latter showed that the mortality under homœopathic treatment is not one-third that under the old method, that the convalescence is much shorter, and recovery more perfect. He mentioned some of the medicines and doses that cure the various stages of the fever, and maintained that were missionaries and captains of vessels furnished with homœo-

pathic medicines and directions, they would be able to save many valuable lives that would otherwise be lost: and he asserted that were he himself attacked with either black vomit or black water fever he would insist on being treated homœopathically. He would, he said, much rather trust himself in the hands of an amateur homœopath than in those of the best and most experienced old school practitioner in the world, there being always these two comforts, viz., that the amateur homœopath could not possibly do any harm, and that if well-directed homœopathic treatment had not saved a patient, in all probability no medical treatment whatever could have done so. He also maintained that homœopathic practitioners, knowing both methods of treatment, have a great advantage over old school practitioners, because these do not know both.

A short discussion on Dr. Hayward's paper was opened by Dr. Martin, who expressed the opinion that it would be advantageous for Liverpool merchants to persuade their staffs in Africa to indulge in homœopathic doses of "Scotch," in which case they would not need such large allopathic doses of medicine.

A cordial vote of thanks was accorded to the lecturer on the motion of the chairman, seconded by Mr. Tomlinson. In answer to an inquiry, the chairman announced that Dr. Hayward's address would be issued in pamphlet form and distributed on the West Coast. In reply to another inquiry, Dr. Hayward expressed his willingness to draw up a list of the most suitable medicines for combating malarial fever, and to prepare brief directions for using, so that a missionary or captain so provided would be able to prevent or cure an attack of the fever. A hearty vote of thanks to the chairman concluded the meeting.

PALLADIUM IN OVARITIS.

Dr. W. G. Fralick records the case of a married woman, æt. 34, who had been many years ill. As a pathogenetic symptom, he notes headache in places. Clinically, there was inclination to weep, sallow complexion, blue half-circles under the eyes; swelling and induration of right side of abdomen; right ovary swollen and sensitive; drawing in right ovary downward and forward; bearing down; yellowish leucorrhœa; ovaries tender on pressure; right enlarged, also right tube; uterus retroflexed and prolapsed, when thigh is flexed when lying down on left side.

Receiving palladium 3x, the patient reported improvement on third day, and was nearly well in three months.—*N. A. Journ. of Hom.*, Oct., 1896.

THE ARSENICAL FEVERS.

Analysing the action of arsenic upon the nervous centres, Dr. Edward Fornias notes that the pyrogenic agents, which, absorbed into the blood, act on the thermic centres, giving rise to the fevers indicative of this drug, are known to be derived from the marsh miasm (protozoon), from other occult sources (bacteria), and from local inflammatory foci (toxin, etc.). In other words, the *arsenic* fevers are either *specific*, due to the introduction of a specific poison into the system, or *symptomatic*, dependent on acute local inflammation, or occur in connection with persistent purulent discharge, as that met with in phthisis; and in their evolution they exhibit a continued, remittent, or intermittent course, periodicity being the most striking feature. More or less, they are all attended by great restlessness and anxiety (aconite), insatiable thirst, hyperthermia, sudden sinking of the forces, prostration and progressive emaciation. The chief representatives of the above classifications are: (1) The *malarial intermittent type*, characterized by violent, long-lasting, principally incomplete paroxysms, the one or the other stage being absent or feebly present; and by intermissions which rarely if ever are entirely clear. (2.) The *ataxo-dynamic type of low continued fever*, principally typhoid, characterized by a mixture of erethism and depression. (3.) The *inflammatory type*, attending active inflammation of the various organs and tissues of the body (stomach, bowels, liver, spleen, glands, etc.), characterized by malignity, decomposition, and even destruction of the parts involved. (4.) The *hectic type*, intermittent or remittent, usually associated with chronic suppuration and wasting disease, and characterized by abolition of nutrition, colliquative discharges, and progressive loss of force and flesh.—*Hah. Advocate*, July 15, 1896.

THE UTERINE ACTION OF VIBURNUM OPULUS.

Dr. Cowperthwaite says that the provings of viburnum prove conclusively its action upon the uterus. All women provers reported symptoms simulating uterine congestion, and had disturbed and painful menstruation. Clinically the drug has proved invaluable in congestive and neuralgic dysmenorrhœa, and has often given relief in the membranous and obstructive varieties. Viburnum rarely fails to give prompt results if its symptoms are present, but unfortunately its action seems to be more palliative than curative, as the conditions usually return after three months. Dr. Cowperthwaite is inclined to think that if the higher potencies were used this would not be the case.—*Medical Era*, August, 1896.

ANTIVENENE SERUM.

We extract the following case and remarks on this very interesting subject from the *British Medical Journal*, of November 21.

"We publish in another column a report from Surgeon-Major Rennie of a case of snake bite treated successfully by Calmette's antivenene serum. The case has naturally attracted much attention in India, and Surgeon-Major Rennie's careful report will be read with much interest. It seems to be practically certain that the snake which inflicted the bite on the boy's bare foot was a bungarus cæruleus. This snake, called locally the krait, is, according to Sir Joseph Fayrer, next to the cobra the most destructive snake to human life in India. The circumstances were fortunate, inasmuch as the boy was seen within three minutes of the bite, and it was possible to make the injection of the antivenene serum immediately. Thus Professor Calmette's injunction to make the injection as soon as possible after the bite was obeyed to the letter. Even if injected an hour and a-half after the bite, however, the serum may still be expected to be efficacious, unless the symptoms of poisoning have become very pronounced before that time has elapsed. The case also bears out Professor Calmette's expectation that the serum will be found to be efficacious against the venom of all species of snakes, for the bungarus cæruleus does not seem to have been among the snakes the venom of which was actually tested by Professor Calmette. The quantity injected (8 c.cm.) was rather smaller than that originally recommended (10 c.cm.), but would appear to have been ample to achieve its purpose, for the boy never had a bad symptom. Another Indian case, in which after injection of Professor Calmette's serum no symptoms of poisoning followed the bite of a bungarus, was recorded by him in our columns a few weeks ago, and at the same time he mentioned the case of an Annamite of Saigon, bitten in the hand by a cobra. In this case 10 c.cm. of the serum were injected, and the patient recovered. The serum, it may be remembered, is that of a horse or ass which has been rendered immune by the repeated injection of small quantities of the venom."

Surgeon-Major S. J. Rennie's report is appended:—

"The following is of interest in being one of the first cases of snake bite treated in India with Professor Calmette's anti-venene serum.

"About 6.30 p.m., on September 21st, a Hindu boy, age 11, son of a groom, was drawing water from a well, and in returning accidentally stepped on a snake, which bit him on the right foot, the foot being bare at the time. Two men were

with him who both saw the snake, but were unable to kill it before it disappeared in the grass. They promptly bound the end of a pugaree tightly round the boy's leg, and, picking him up, ran with him to my quarters. Not more than three minutes elapsed from the time he was bitten until I saw him.

"The typical imprint of a snake bite, with its two deep fang punctures and the crescentic row of small teeth marks between, was clearly seen on the inner side of the right foot. It being 'the hour at which men most do congregate at the club,' no fewer than five medical officers were on the spot in a few moments. I at once injected 8 c.cm. of Calmette's anti-venene serum into the subcutaneous cellular tissue of his abdomen. At the same time Surgeon-Major Birt, A.M.S., treated the wounds and their immediate neighbourhood with a hypodermic solution of permanganate of potash, after which they were carefully washed and dressed. The case was then placed under observation and seen from time to time during the evening, but the patient never had a bad symptom, and is now running about as well as ever he was.

"*Remarks.*—There is no doubt one weak point in the above case—namely, that the snake was not killed, and that, therefore, there might be an element of doubt as to the nature of its species. The reptile, however, was clearly seen by both men who were with the boy, who gave an accurate description of it, and recognised it as a krait (bungarus cæruleus), that most deadly and dangerous Indian snake. The characteristics also of the wounds were clearly those of a bite from a snake with fangs. My own personal observation led me at once unhesitatingly to conclude that the injuries were caused by a poisonous snake, and in this I was borne out by the unanimous opinion of the five medical officers by whom the case was seen, several of them of long and varied experience in India. Taking all these points into consideration there can, I think, be little doubt that the boy was bitten, and bitten savagely and deeply, by a krait, a bite from which under ordinary circumstances is necessarily fatal."

SMALLPOX AT GLOUCESTER.

Under the title of *The Story of the Gloucester Epidemic of Smallpox* the Jenner Society has just issued a 6d. pamphlet which is well worthy of perusal and which contains an outline of the history of the most grievous outbreak of the disease which has been witnessed in the United Kingdom since vaccination was introduced. The local authorities of the city, under the influence of an agitation on the subject, had for nearly ten years permitted the law relating to vaccination to fall into abeyance, with the result that the total

number of vaccinations, which amounted to 1,095 in 1886, fell to 472 in 1887, to 140 in 1888, and to 84 in 1894. In the ten years from 1886 to 1895, 15,682 children were born in Gloucester, of whom 3,176 died, 2,878 were vaccinated, and 10,128 were apparently left unvaccinated. Smallpox made its appearance in the city towards the end of 1895 and continued into 1896. It attacked about 2,000 persons, of whom about 400, chiefly young children, died; and it was stamped out, in little more than two months, by systematic and diligent vaccination and re-vaccination, so that, having attacked 744 persons in April, 1896, it had wholly disappeared by the end of the following July. The pamphlet, which deals generally with the subject of smallpox and vaccination and with the objections which have been urged against the latter, is intended to serve as an antidote to the statements of anti-vaccination agitators and to furnish sensible people with facts and arguments upon which they may rely. It is written for the society by the honorary secretary, Dr. Bond, medical officer of health for the county, and seems well adapted to fulfil its intended purpose.—*The Times*, December 5th, 1896.

EFFECTS OF ALCOHOL.

In a recently published *Manual of Pharmacology and Therapeutics* Dr. Murrell gives the following account of the process of alcoholic poisoning.

"The effect of alcohol on the nervous system," says Dr. Murrell, "is very marked, the highest centres being first affected. To begin with, the imagination is excited, and the person loses his habitual timidity and self-consciousness. The nervous, shy man finds himself talking freely to his fair neighbour at dinner, and doing his best to make himself agreeable. In ordinary society, when ladies are present, the effect of alcohol is not carried beyond this stage. At a large public dinner, however, rather more wine is taken, and the diffident speaker suddenly finds himself on his legs returning thanks with great fluency for the guests of the evening. He may be making a fool of himself, but he is oblivious of the fact. At a man's dinner, when there is less restraint, the dose of alcohol is often carried to the extent of impairing the judgment. He tells his host the amount of his income, blabs about some African shares, which are worth picking up and are likely to go better, and, being a respectable married man, suggests that they should go to the Empire or take a stroll down Piccadilly. Up to this point no particular harm is done, and all that can be said of the patient, is that he 'has been dining,' but if he goes a little further his emotions are excited, and he

invites casual acquaintances to come and stay with him for a week. He is now in a maudlin condition, and is generally said to be 'a little bit on.' After this, the downward course is rapid. His motor centres get affected, and he finds some difficulty in articulating, especially when he endeavours to remark that it a truly rural view. Then the cerebellum comes into play, and he experiences the delights of 'seeing double' accompanied by a sensation that the pavement might have been made wider with advantage. A policeman puts him into a cab; but he is unable to give his address, and probably spends the rest of the night in the police station. If not looked after he falls into a state of somnolence and insensibility, the respiratory centre suffers, and he becomes comatose or dead drunk."

A CASE OF ROUND-CELLED SARCOMA OF THE SOFT PALATE CURED BY ARSENIC.

Dr. R. Bolde records a case of round-celled sarcoma of the soft palate which, ulcerating, had spread with great rapidity to the pillars of the fauces, the tonsils and the right portion of the upper jaw, giving rise to swelling of the lymph-glands as well as disturbances of deglutition and respiration. This rapid diffusion of the tumour, at first regarded as a gumma on account of the rapid softening, led to its being treated specifically. The rapid decline of the general health forced a diagnosis of a malignant neoplasm, which was confirmed by microscopic examination to be a round-celled sarcoma. Surgical measures being out of the question, an arsenical "course" was tried. A solution of arseniate of soda, 1 : 100, was injected hypodermatically into the interscapular region, beginning with a daily dose of 4 mgms. and gradually increasing it to 2 cgms. The injections were well tolerated, but at first were without effect, for a new metastasis appeared above the right upper canine tooth. After eleven injections an amelioration was apparent, for the ulcerated surfaces became cleaner, their margins began to cicatrize and the metastases disappeared. The general state of the patient also improved visibly. The final result was that after eighty-four injections of the arsenical preparation in the space of eight weeks, the patient gained 9½ kgms. in weight, so that he could be discharged with the growth nearly cicatrized; provisorily cured.—*La Setimana Medica*, No. 22, 1896. In the *Hahnemannian Monthly*, p. 131, 1895, is an abstract of an article where a case of a giant-cell sarcoma of the tibia is reported cured by the use of arsenic internally. Arsenic is the chief ingredient of all remedies for the cure of cancer by

external application. Plunket's caustic, the Paris arsenical paste, the paste of Frère Come, Febure's remedy, etc., all contain arsenic. Cancer is one of the diseases in which arsenical preparations have been specially recommended .... internally it has been administered by Loder, Lentin .... Hahnemann, etc. The famous powder of Pierre Alliot, which made such a *bruit* in the middle of the seventeenth century, was a preparation of arsenic.—*Dictionnaire de Médicine et de Chirurgie Pratiques*, vol. iii., p. 376, 1829. In 1778 Bonnow published in the *Mémoires* of the Academy of Science of Stockholm a dissertation, in which he announced that during the fifty years in which he had made use of arsenic as a remedy in cancers, he had cured thirty undoubted cases.—*Hahnemannian Monthly*.

TREATMENT OF BURNS.

Papazogton (*Thèse de Paris*, 1896), from practical experience, speaks favourably of picric acid as a local application in the treatment of burns. When the lesions are extensive, the patient may be placed in a bath of picric acid; if they are limited, a solution of the acid may be applied on antiseptic gauze to the part. The following is the formula of the solution:—

Powdered Picric Acid ...	75 grains.
Alcohol	2 ounces.
Boiled or Distilled Water	1 quart.

The applications are employed for three or four days, strict antiseptic precautions being maintained. Even in severe burns, two or three applications are said to be sufficient to effect a cure.

ERODIUM AS A HÆMOSTATIC.

L. V. Komorovitch points to powerful hæmostatic effects of the erodium cicutarium (fam. Geraniaceæ) in cases of metrorrhagia and menorrhagia. He tried this Russian popular remedy in 23 cases, in 20 of which floodings were caused by metritis, in 1 by myoma, in 1 by cervical polypus, and in 1 by abortion. The remedy was always given internally in the form of a decoction (½ ounce of the herb to 6 ounces aq.), a tablespoonful every two hours. In all the patients the symptom quickly subsided, even in those who had been previously treated by ergot and hydrastis canadensis without success. No accessory phenomena were ever observed, although in some cases the administration continued for several weeks. The erodium seems to exercise a direct tonic influence on the uterine muscular tissue, the organ growing distinctly firmer during the administration.

In the case of cervical polypus the latter was found lying free in the vagina after two days' use of the decoction.—*British Medical Journal.*

KEENE AND ASHWELL'S PHYSICIANS' DIARY AND CASE-BOOK FOR 1897.

We have received a copy of the above, and we have once more the pleasure of drawing the attention of our colleagues to its usefulness. Besides the fair space for daily jottings, there are about 200 pp. of quarto paper for supplementary notes and comments. It ought to be in the hands of every one of our medical readers.

CORRESPONDENCE.

DILUTED ANTI-TOXIN DIPHTHERIA.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—A few days ago your *Review* came to hand, again containing interesting cases of diphtheria treated by anti-toxin injections. I happened at the time to be reading the article in Dr. Hughes Therapeutics on variola, and from this I will ask you to let me quote. The italics are mine.

After discussing small-pox modified by vaccination, he continues in these words:—

"It is altogether different when the subject of small-pox is unprotected and you have to deal with variola vera. If you see the case early enough, an attempt should be made even yet to convert the disease into varioloid. This can hardly, indeed, be done by vaccination, for Mr. Marson has shown that this operation, to be effective, must be performed not later than the 3rd day after the patient has been exposed to contagion, which is eight or nine days before he begins to be ill. *But you may get a much more rapid effect by giving your cow-pox lymph internally as a medicine.* You may smile at this idea. But let me ask you to read the experiments of Severin, Schneider, Norman Johnson, Kaczkowski, Landell and Collet regarding this matter, references to which I have given in a note. You will there see that vaccine lymph, *even in infinitesimal doses will, when taken into the stomach,* develop the cow-pox vesicles with their concomitant fever; and vesicles so true that vaccination from them has succeeded perfectly. *You will also note that the effect is often much more rapid than when the lymph is introduced into the arm, the fever and rash sometimes appearing as early as the third day. When given to persons actually suffering from small-pox, the action of the lymph is still more rapid. Within twenty-four hours the pocks begin to feel its influence, and shrink, shrivel, and dry up.* This is the

experience alike of Dr. Landell, who gave about a third of a drop of the pure lymph, and of Dr. Kaczkowski, who administered it in the third homœopathic attenuation: *only the latter seemed to act with greater rapidity.* Thus vaccininum has become an accredited medicine among us in the treatment of small-pox. Drs. Rummel, Pulte, and Bayes concur in testifying to its great value."—Hughes *Therapeutics*, p. 48.

My idea in quoting the above is to suggest to your readers to try whether they cannot get more rapid and curative effects in diphtheria, also by administering the virus remedy in homœopathic dilution by the mouth, than by making injections; my own little personal experience being that with anti-toxin in very high dilution so administered, you may get absolutely instantaneous effect, such as gladdens the heart of the homœopathic physician when in very acute and distressing cases the patient, instantly, on the first dose of the *right* remedy, turns over and drops asleep.

Yours truly,

SUGGESTIVE.

7th Dec., 1896.

AGROSTIS CLAIMED TO BE SUPERIOR TO ACONITE.

All that aconite can do, all quinine can do, and much more, I claim for agrostis—preferably *a. canina.* "Much more" is claimed for it than these drugs because it is non-poisonous—occupying a place between medicine and diet, never losing its efficacy, and is at once a tonic and yet a remedy for all inflammations. It has to be prepared in a particular way to lower feverishness, but will then accomplish this, not only in cases arising from chill or nervous or dyspeptic causes, but also in poisoned states of the blood, for which it is a rapid cure.

Surely agrostis is specially the first thing to try in any ailment; a few doses have always been found to relieve chill and depression, inflammations, indigestion, colic, cholera, neuralgia; and continued treatment with small doses will surely overcome all the ailments of debility and cause the young and delicate to outgrow rickets and consumption!

Externally the best recovery from injuries is promoted by agrostis.

All this is claiming much, but nothing that cannot be easily substantiated.

S. JAMES.

31, Bishop's Road, Highgate, N.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Mr. KNOX SHAW, Dr. DAY, Dr. EPPS (London); Dr. ALEXANDER (Plymouth); Dr. CASH (Torquay); Dr. ORD, Dr. NANKIVELL (Bournemouth); Dr. ARNOLD (Manchester).

BOOKS RECEIVED.

The Homœopathic World. December. London.—*Medical Reprints.* December. London.—*The Chemist and Druggist.* December. London.—*Medical Diary, 1897.* Burroughs, Wellcome & Co. London.—*Western Australian Statistics of Gold Output.* London.—*The Homœopathic Eye, Ear, and Throat Journal.* December. New York.—*The New York Medical Times.* December.—*The Medical Century.* November 15 and December 1. New York and Chicago.—*The New England Medical Gazette.* November. Boston.—*A Monograph of Diseases of the Nose and Throat.* By G. H. Quay, M.D. Boericke & Tafel. Philadelphia.—*The New York Medical Times.* December.—*The Hahnemannian Monthly.* December. Philadelphia.—*The Clinique.* November 15. Chicago.—*The Hahnemannian Advocate.* October. Chicago.—*The Pacific Coast Journal of Homœopathy.* November. San Francisco and New York.—*The Medical Argus.* October and November. Minneapolis, Minn.—*The Minneapolis Homœopathic Magazine.* October.—*The Homœopathic Envoy.* November and December. Lancaster, Pa.—*Revue Homœopathique Française.* November. Paris.—*Allgemeine Homöopathische Zeitung.* November 19 and December 3. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* December 1. Leipzig.—*Homœopathisch Maandblad.* November 15. Zwolle.—*Revista Omiopatica.* September and October. Rome.—*El Propagador Homœopatico.* November. Madrid.—*Chikitsaka-o-Samaloohaka.* October. Calcutta.—*Transactions of the International Homœopathic Congress.* London. Acland & Son. 1896.—*North American Journal of Homœopathy.* New York. October.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

———:o:———

WHAT IS A SPECIFIC?

In the *British Medical Journal* of December 12th and 19th, 1896, two interesting letters appear with the above heading, *apropos* of an article in the *New Review* of August, 1896, by our colleague, Dr. Carfrae, which was entitled "The Drift of Modern Medicine." This article we noticed in our issue of last December. The first letter is signed with the well-known initials "T. C. A.," and the second is signed "F. L. O." The meaning of a "specific" seems to vary with the therapeutic views of each writer; while the desire to obtain such, coupled with the belief that it will be found, or on the other hand, scepticism as to the possibility of finding specifics for disease, accompanied with sneers at those who are more sanguine, represent the feeling of opposite parties in the therapeutic world. The former class consists of earnest men who, though lamenting the backward state of old school medicine, yet believe in the future of therapeutics, and are convinced that some day *law* will be found which will scientifically guide the

physician in the treatment of disease. They, therefore, see no reason why a specific for most diseases should not be discovered some day, and that like quinine in ague, they may be able to prescribe other drugs for other diseases with the same expectation of good results. These men look on disease as an entity, and hope for a remedy which will infallibly cure this entity. The second class of writers are sceptical of the value of all drug-treatment, and are narrow-minded enough to consider that wisdom dies with them, and that to hope for, or hunt for, a specific remedy for a specific disease is not only hopeless, but unscientific, and argues weakness of judgment.

But the mistake both these classes of physicians commit is that they look on disease as an entity; they view one case of ague as the same as another case of ague, and consequently to be treated as ague, and expect the specific to be a specific for ague as ague, and so with other diseases and other specific remedies. When treatment based on this idea fails, as it must do, the specific is cast aside as if it were not one, and the sceptic laughs at his failures, as evidence that specifics are hopeless of attainment. The fact is there is no such thing as a specific in this sense, nor can there be one. To understand the true and scientific meaning of a specific, and the possibility of finding such, one *must* recognise the individuality of each case of a given disease. No two cases of any disease are precisely alike, and to take the well-known example we have named—ague—those who study it most carefully and have the largest experience of it in their practice know well that cases of ague differ from one another in symptoms so remarkably, that in some cases quinine is useless, where arsenic or some other remedy cures at once or rapidly. How then can it possibly be expected that one remedy—quinine—will cure them all? It cannot do so, and does not do so. Do we, therefore, laugh at specifics, and think the search for them hopeless? Certainly not, if the true and scientific meaning of the word specific is borne in mind. And to thus understand the inward meaning and true power of a specific, we must narrow it down to mean the remedy which exactly meets the characters and symptoms of an individual case of disease. To prescribe according to the theoretical cause of a

disease will infallibly lead us astray. In many diseases, the cause is not certainly known, and hence theories are promulgated to make up for want of certain knowledge. We must put aside theories, and look at each separate case as a thing to be studied in detail, and for which individual case the specific has to be sought. If this view is adopted specifics not only are proved to exist, but to exist in large numbers, and are being added to continually. The specific, to be one at all, must have a definite relation to the individual case, and not to the disease as a separate entity, and when this drug is found, it is a true specific for the case in hand. And not only must it have a definite relation to the individual case, but this relationship must be of a minute character; the tissue affected by the disease must be also specially or specifically affected by the drug, and in the same direction. That is, it must be so minutely related to the diseased action, that it will, or can, produce in the healthy body symptoms closely resembling those of the disease. This brings one inevitably to the doctrine of similars. There is no other alternative. And it is only in homœopathy that we can find true specifics. Hunting for specifics in any other direction must end in failure and disappointment. The correspondent of the *British Medical Journal* of the 19th December, signing himself "F. L. O.," if not a homœopath openly, is one at heart. His views are cautiously expressed, so as to conceal his evident leanings, but they are really and clearly pointing in that direction, and his letter may be practically endorsed by us. We here quote it at length:—

"Sir,—In an interesting letter in the *British Medical Journal* of December 12th, a correspondent raises the difficult question of 'specificity.' The following may help to clear the ground.

"In physiology the 'specific' stimulus is the one most adapted for producing the quality of sensation peculiar to the nerve stimulated—that is, for producing the 'specific' sensation. Certain vibrations of the ether are the specific stimulus of the optic nerve. All stimulations of the optic nerve produce the sensation of light, but the specific stimulus is the only 'adequate' one.

"May we not apply the doctrine of the 'specific energy of nerves' to other tissues of the body? Can we not say that a 'specific' agent is that form of stimulus which is most adapted for producing the quality of reaction peculiar to the

tissue stimulated—that is, the stimulus most adequate to produce a 'specific' reaction? Many stimuli will cause a secretion of saliva, but the presence of food in the mouth is the specific stimulus, because it is the one most adequate for that purpose.

"Now, in many diseases, if not all, there is a certain stimulus or irritant at work in the form of a toxin. In any given disturbed cell action we require, therefore, an agent that will help the cell to react specially against the particular irritant that is causing the disturbance. We want a specific agent in order to produce a specific reaction. Many remedial agents may be able to cause some sort of reaction, but the specific stimulus alone causes just the right kind of reaction, because it is most exactly adapted for that end. In fact, unless the remedial agent is a specific stimulus, the specific anti-toxic power of the cell will not be brought into play. The 'specific' agent does not act like the trephine, or the toxic dose of quinine mentioned by your correspondent; it does not itself remove the irritating *materies morbi*. It stimulates the cells, and helps to put them on the right (that is, the specific) line of resistance to it. The way in which anti-toxins are formed by the tissues would seem to give us a clue in our search for the much-needed 'specific' agents.—I am, etc.,

"December 16th. "F. L. O."

Were such views admitted by the majority of the profession with their real bearing openly acknowledged, homœopathy would advance by leaps and bounds in the ranks of the old school. The other correspondent of the *British Medical Journal* "T. C. A." is not so advanced, though his letter is in some respects an open-minded one. He says "no doubt the homœopathists may say fairly, if not exactly, that the induction of a modified small-pox is an instance of *similia similibus*; yet we have to learn that vaccination itself, or any of the recent therapeutic discoveries analogous to vaccination, were reached by this magic formula." Now, in the first place, vaccination is not a "modified small-pox," and "T. C. A." should know this. In the interesting series of papers on vaccination published in the "Jenner Centenary" number of the *British Medical Journal*, it is shown conclusively that when calves are vaccinated with small-pox lymph, vaccinia is the result, and never small-pox. If vaccinia were a modified small-pox, it could be proved to be so by reversing the experiment, but this, though often

tried, has never once been successful. The whole symptoms of vaccinia point to a *similar* but totally distinct disease from small-pox. The fact is that calves are not susceptible to small-pox, and this being so, the poison of small-pox produces in them a *tertium quid*, which being very similar to small-pox, but at the same time quite distinct, gives the specific for its analogue small-pox. It does not suit an old-school writer to admit this, else they would have to admit as a piece of homœopathy a fact which is proved every day. Hence they fall back on the theory that cow-pox is only a modified small-pox. But if the discovery of the prophylactic and curative power of vaccination in small-pox was not made by the "magic formula" of *similia*, what of that? The fact has been discovered and proved "down to the ground," and its mode of discovery independent of knowledge of the law of similars is only an additional "blind" argument in favour of the truth of homœopathy —the fact being that vaccination is one of the most brilliant examples of the law of similars. "T. C. A." goes on to say, "Moreover the essayist (Dr. CARFRAE) seems to put the prevention of small-pox by vaccination in the same category as the cure of diphtheria by antitoxin; surely rather a rough classification. We have yet to learn that the antitoxins of the several infectious diseases or of snake-bite themselves produce these diseases respectively, or any simulation of them. The homœopathist may, however, reply that the result is got indirectly, that these antitoxins are got at by using the poison itself; though the cure in this case would be not *similia similibus*, but *eadem iisdem*." But Dr. CARFRAE is quite right. The poison itself is not used, but it is invariably passed through one of the lower animals which is insusceptible to this disease. The case of the poison producing in the animal a similar condition to the disease is proved in Pasteur's inoculation of rabbits by the hydrophobic poison. The rabbit does not get hydrophobia or dog-rabies, but a very similar, though distinct disease, known as rabbit-rabies. And it is with the serum of this rabbit that the sufferer from hydrophobia is inoculated. The antitoxin for diphtheria is obtained, not by using the poison of diphtheria direct, but by passing it through a horse, which animal is insusceptible of diphtheria, but develops

under the inoculation a febrile disturbance which, if the injection is used too strong, may be serious or fatal. And as this is the nearest analogy one can expect in an animal which does not develop diphtheria, it, in the light of the rabbit-rabies and of vaccination, goes far to prove that this febrile disturbance is of a similar type to that of diphtheria. All these cures and preventive results are closely analogous to vaccination, as even "T. C. A." admits in the passage already quoted. They are, in fact, specifics, if they are specifics at all, in virtue of *similia similibus*, and not of *eadem iisdem*. "T. C. A." next proceeds as follows:—"Again, with some hardihood, quinine is alleged—as an instance of the value of the homœopathic formula—as a drug which produces similar effects to those of ague; but if the quinine cure is to run on all-fours with the protective treatment of rabies or of variolous inoculation" (surely 'T. C. A' means cow-pox inoculation) "quinine should produce not a train of symptoms like those of ague, but ague itself." Now Dr. CARFRAE displays no hardihood in asserting that quinine produces symptoms similar to those of ague. The facts in support of this statement, are too well known, to homœopathists at least. "T. C. A." either does not really mean what he says, or if he does, we recommend him to study the subject again, while the latter part of his sentence is simply absurd. If quinine could produce ague, and not many symptoms similar to it, it would not be a remedy for the disease, but only an instrument for evil, and would have been long ago discarded. But the action of quinine in ague is, from what we have already said of vaccination and the cure of rabies, analogous or "on all fours" with them, inasmuch as the remedy produces not the same disease, but a similar one. Let us read "T. C. A." yet further. He says, "a better instance is the remedy of snake-venom in cholera; were this recognised as a successful remedy the magic formula would score one; but although Dr. CARFRAE adduces it as a specific remedy, he has nothing better to support his case than the reported success of a certain quack who may and may not have used snake venom as an antidote for cholera." It is a pity that "T. C. A." should allow himself to be so—well—inaccurate in his statements. We quote the passage in Dr. CARFRAE's paper to

which we allude, and let our readers judge for themselves as to whether the evidence adduced is as "T. C. A." describes it.

"A good deal of attention has lately been given to the study of snake-poisons—especially by Professor FRASER, of Edinburgh, who thinks they may prove valuable as therapeutic agents. But HAHNEMANN discovered this quite half a century ago. And in 1837, Dr. CONSTANTINE HERING, one of HAHNEMANN's most distinguished disciples, published a book containing a full collection of the phenomena of snake bites, as recorded by earlier authors. These phenomena, of course—from his point of view—afforded valuable indications for curative action. Dr. JOHN W. HAYWARD—another Hahnemannian—has since published perhaps the most complete work of reference on the crotalus horridus in any language. Speaking of the action of the poison of the rattle-snake in cases of cholera, he says: 'The sudden and extreme coldness and blueness which follow the serpent's bite, the collapse, choleraic state, cramps and diarrhœa and vomiting; embarrassed respiration, scarcely perceptible pulse, suppression of urine and sudden death, or consecutive fever, afford very strong evidence in favour of the use of crotalus in many cases of at least sporadic, if not true Asiatic cholera; and it will certainly be indicated where the attack has resulted from septic influence.' The following case, which appears in the *Medical Age*, will be of some interest in this connection:—'A. L. SANDALL, M.B., Municipal Commissioner, Calcutta, late Medical Officer to the Local Government, Bengal, declares that the empirical practitioner in India has wonderful success in combating the ravages of cholera. Case after case, given up by the faculty as hopeless, is successfully treated by him. I managed to elicit the fact that the powerful agent employed (subcutaneously) was a tincture of which the poison of the cobra formed the sole base. Later I discovered a woman in possession of a small supply of the tincture, and her success in treating cholera cases was, on a smaller scale, as striking as his. I could not help reviewing the astonishing fact that many eminent men of this city repeatedly found in their practice that cases of cholera, given up by them as hopeless, were cured—provided a certain charlatan was called in and

permitted to inoculate his mysterious counter-poison, yet no one thought himself called upon to investigate the subject. I am prepared to avouch on the honour of a medical man my thorough conviction of the repeatedly successful treatment of hopeless cases of cholera by the inoculation of the sufferer with cobra venom.'"

"T. C. A." returns to the question of the analogy of quinine in ague and the antitoxins, and says, "An agent which attacks the cause of the disease, and thus removes it from the scene of its operations, is not the same in therapeutic kind as an agent which works in the matter of the body of the patient, and running neck and neck with the processes of the disease, wrests them into another form, resolves the morbid processes in a harmless direction, or, by direct antagonism, neutralises them. Quinine does not cure ague; ague is a fever of brief duration, cured by the eliminative activity of certain abdominal viscera, probably the liver and kidneys. What quinine does is to destroy the recurrent cause of ague—a totally different proposition." All this is a tissue of theory or hypothesis and leaves matters where they were. We are aware of Dr. Manson's recent investigations regarding the bacillus or microbe of ague, but his views are still *sub judice*. Quinine does cure ague when the case is specific to it. And it is certainly the first time we have heard that ague is such a simple and trifling affair as to be a fever of brief duration, cured by the eliminative action of the liver and kidneys. The practical question is, is quinine a specific for ague? We answer it is when the case is a quinine one, and that it is when the quinine symptoms are present in the case under treatment, or in other words, when it is homœopathic to the case, not otherwise. Then follows this absurd statement:—"For example, a man has a blow on the head; a spicule of bone is driven downwards and irritates the brain, and so long as this irritation is kept up, the patient is the subject of Jacksonian convulsions. Presently by means of a trephine the offending spicule of bone is removed. Now is the trephine a 'specific?' We do not know that quinine has any action on ague for good or evil; what we know is that it kills the venomous microbe of ague, whether within or without the body. We say, briefly, that quinine cures ague; but it is as much a specific for this disease as a

trephine is a specific in our instance of Jacksonian convulsions, and no more. The expression is a mere colloquialism, and as such convenient; but it is not scientifically accurate." Really this is too absurd to discuss, and "F. L. O." of course, denies the correctness of "T. C. A.'s" dictum. "T. C. A" concludes thus:—

"If, again, we turn to syphilis, mercury and potassium iodide may be specifics in this disease; that is, either of these drugs may antagonise or divert the very morbid processes themselves: but, on the other hand, it is at least as likely that they attack not the process of syphilis but the irritant which directly initiates the process. If there be a microbe of syphilis, it stands in the same relation to the disease that a blackthorn does to a broken head. Remove the Irishman and the stick and the green wound may heal, or may not.

"Now antitoxins, although we are very ignorant as yet of their mode of action, do seem to modify or antagonise the very morbid processes in themselves, for if a mixture of snake venom and anti-venom be injected into a rabbit together no disturbance comes to the surface. But quinine, and other remedies of the same class, seem not to owe their power to such a virtue of antagonism or transformation within the sphere of the tissue perversions themselves; they do not modify the bio-chemical reactions of the venom and the blood, but they kill the snake. Whether the noxious creature be killed within the tissues of the body or outside of it is, scientifically speaking, a mere detail. This confusion between a disease and the causes of a disease seems to vitiate the whole argument; before we can talk of 'specificizing' diseases we must define exactly what we mean by a 'specific.'"

What we want to know is the fact that a certain drug will, under certain circumstances, cure a case of disease, and not such theoretical vapourings as "T. C. A." gives us, as its *modus operandi*. These will never help us, but only mislead those who are weak enough not to see through their fallacious guidance. The "specific" in a given case can only be a drug which has such an intimate relation to the case as to be capable of showing it by its power to produce in the healthy body a state closely resembling this disease in all its main symptoms, and also in its finer or minuter ones. In other words, the true "specific" is, and must be, homœopathic. All known specifics are so, and outside the law of similars it is vain to hunt for them.

THE ETIOLOGY OF CHRONIC DISEASE: HAHNEMANN'S THEORY AND MODERN PATHOLOGY.

By GILES F. GOLDSBROUGH, M.D.,

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IN his speculations upon the etiology of chronic disease,* Hahnemann followed the natural and logical bent of his deeply philosophical and versatile mind. In many chronic diseases he found that the allopathic practice of his day was not only not successful, but positively injurious, and that even homœopathy, as he had originally conceived and formulated the practice of it, was not sufficient to cope with the many and varied manifestations of disease which measured its duration in an individual, not by days or weeks, but by months and years.

It was the pursuit of the ideal he had laid down for himself† and his followers which led him to be discontented with a simple amelioration or palliation in the course of a chronic disease. He could give himself no rest until the case in hand was cured.

The writer of the present paper would gladly follow in the footsteps of so illustrious a master, and in endeavouring to arrive at the true meaning and value of his teaching would have the same aim in view that he had.

With the idea of facilitating a discrimination and an adequate relative appreciation of the causes which combine to make a disease chronic and intractable to treatment, an endeavour is here made to give an account of and interpret Hahnemann's teaching on the subject in the light of present-day knowledge of physiology and pathology. The state of this latter knowledge, so different from that of the same branches of knowledge in Hahnemann's day, has been arrived at by workers who have adopted the same methods which he adopted, namely, "unremitting thought, indefatigable inquiry, faithful observation, and the most accurate experiments made for the welfare of humanity."

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* *The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure*, by Dr. Samuel Hahnemann, translated by Professor Louis H. Tafel, Philadelphia, 1896.

† *Organon of Medicine*, sections 1, 2, translated by Dudgeon, 1893.

The best method of presenting the conclusions of Hahnemann relating to the nature of chronic disease will be perhaps to give them, as far as possible, in his own words. The following paragraph,* inserted here somewhat out of connection for the sake of condensation, gives the definite theory in as short a compass as possible, and what the author has to say in addition is by way of explanation or amplification.

"In Europe, and also on the other continents, as far as it is known, according to all investigations, only three chronic miasms are found, the diseases caused by which manifest themselves through local symptoms, and from which most, if not all the chronic diseases originate: namely, first, syphilis, which I have also called the *venereal chancre disease;* then sycosis, or the *figwart disease;* and finally, the chronic disease which lies at the foundation of the eruption of itch—that is the psora, which I shall treat of first, as the most important."

In the following paragraphs Hahnemann relates how he was led up to the conclusions just stated.

"It was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homœopathically by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints. This fact gave me the clue, that in all such cases of chronic disease the homœopathic physician has not only to combat the disease presented before his eyes, . . . but that he has always to encounter some separate fragment of a more deep-seated original disease. The homœopathic physician *therefore must first find out so far as possible the whole extent of all the accidents and symptoms belonging to the unknown primitive malady* before he can hope to cure it in its whole extent," &c., &c.† Also "that the original malady sought for must be of a *miasmatic,* chronic nature, clearly appeared to me from the circumstance that after it has once advanced and developed to a certain degree, it can never be removed by the strength of any robust constitution; it can never be overcome by the most wholesome diet and order of life, nor will

* *Chronic Diseases,* p. 9. † Ibid, p. 5.

it die out of itself. But it is ever more aggravated from year to year through a transition into other and more serious symptoms, even to the end of man's life, like every other chronic miasmatic sickness; *e.g.* the venereal bubo,* which has not been healed from within by mercury, its specific remedy, but has passed over into venereal disease. . . . I had come thus far in my investigations and observations with such non-venereal patients, when I discovered, even in the beginning, that the obstacle to the cure of many cases which seemed delusively like specific well-defined diseases . . . seemed often to lie in a former eruption of itch, which was not unfrequently confessed; and the beginning of all the subsequent sufferings usually dated from that time. . . . After a careful enquiry it usually turned out that little traces of it (small pustules of itch, herpes, &c.) had shown themselves with them from time to time, even if but rarely, as an indubitable sign of a former infection of this kind."

Hahneman then goes on to say that this miasm *Psora* has been the potent cause of the chronic diseases of man for centuries; that such anciently recognised diseases as leprosy and St. Anthony's fire (erysipelas) were caused by it; that it has during centuries become the mother of thousands of acute and chronic diseases, passing in the meanwhile through innumerable phases. The virulence of the effects of the miasm have, through the centuries, become mitigated by culture and greater general attention to hygienic measures, but in becoming milder they have become much more widely spread.

The external manifestation of psora has invariably been the presence of an itching eruption on the skin. The commencement of the primary eruption is preceded by a period of incubation following infection, which latter may ensue from the slightest possible contact of the skin with the miasm.

A great many of the internal maladies resulting from the miasm arise from treating this local manifestation alone,—*driving out* the itch, as Hahnemann has it. Or such a suppression of the external manifestations may be caused by fright, vexation, grief, cold, bathing, acute disease, or a want of normal activity of the skin.

* So Professor Tafel. It should be "chancre disease," as on p. 9.

A large number of authors are cited with the cases they give of the particular chronic internal malady which actually followed the cessation of an eruption on the skin, and were often fatal. Many of them are also cited to show that if, in the course of the particular ailment, the eruption reappeared on the skin, the internal malady was invariably relieved, although the system was left in a weakened condition, and more liable than formerly to internal secondary results of the psoric miasm.

Subsequently to primary infection and the manifestation of the local eruption, the miasm remains for a shorter or longer time latent in the organism, or shows itself by certain well-defined states of health, which indicate that infection has taken place; and Hahnemann gives a long list of symptoms which are indicative of this latent Psora.* He also appends a further long list† of those indicating that the miasm is revealing its effects secondarily and more definitely, and issuing in the manifestations of actual chronic organic changes. Too much space would be occupied if these lists were quoted in full; nor, as they cover so wide a field, can they be conveniently classified. It is sufficient to say that the first list indicates slight departures from health, such as would be little noticed in every-day life; while the second list, containing subjective and objective conditions, includes almost every chronic ailment the organism is liable to. The complete ground covered by psora in the course of its manifestation will be perceived by quoting Hahnemann's last paragraph on the subject, and the note appended thereto.‡

"These are some of the leading symptoms observed by me which, if they are often repeated or become constant, show that the internal psora is coming forth from its latent state. These are, at the same time, the elements from which (under unfavourable external conditions) the itch malady, as it manifests itself, composes the illimitable number of chronic diseases, and with one man assumes one form and with another another, according to the bodily constitution, defects in the education, habits, employment, and external

* Op. cit., p. 45. † Ibid., p. 51.
‡ Ibid., p. 77.

circumstances, as also modified by the various psychical and physical impressions. It thus unfolds into manifold forms of disease, with so many varieties that they are by no means exhausted by the disease-symptoms enumerated in the pathology of the old school, and erroneously designated there as well-defined, constant, and peculiar diseases." The following is the note, with some unimportant abbreviations:

"They bear the following names:—Scrofula, rickets, spina ventosa, atrophy, marasmus, consumption, pulmonary consumption, asthma, tabes mucosa, laryngeal phthisis, chronic catarrh, constant coryza, difficult dentition, worms and consequent diseases, dyspepsia, abdominal cramps, hypochondria, hysteria, various dropsies, amenorrhœa, dysmenorrhœa, uterine and vaginal hæmorrhages, hæmatemesis, hæmoptysis, dysuria, ischuria, enuresis, diabetes, catarrh of the bladder, hæmaturia, nephralgia, gravel, stricture of urethra, piles, fistula, constipation, chronic diarrhœa, induration of the liver, jaundice, cyanosis, heart diseases, abortion, sterility, metromania, impotence, induration or dwindling of the testicles, prolapsus or inversion* of the uterus, hernia, dislocations from an internal cause, spinal curvature, chronic inflammations of eyes, fistula lachrymalis, short or long-sightedness, day or night blindness, obscuration of cornea, cataracts, glaucoma, amaurosis, deafness, deficient taste or smell, megrim, tic-douloureux, tinea capitis, scab,† crusta, lactea, tetters (herpes), pimples, nettle-rash, encysted tumours, goitres, varices, aneurisms, erysipelas, sarcomas, osteo-sarcomas, scirrhus cancer, fungus hæmatodes, rheumatism, gout, apopletic fits, swoons, vertigo, paralysis, contractions, tetanus, convulsions, epilepsy, St. Vitus's dance, melancholy, insanity, nervous debility, debility, &c."

From these free quotations from Hahnemann's writings in the *Chronic Diseases*, it will be gathered that, excluding venereal disease, he regarded all other chronic disease as attributable directly as an external and indirectly as an internal cause to one source, and that source of the nature of infection.

It will not be necessary to occupy space in disproving this position. The advance of knowledge since his day, discrimination in symptomatology, the elevation of pathology into rank as a branch of positive biology, the

* Rather, "flexion."
† Germ. *Ansprung*.

use of the microscope, the exact application of chemical theory, and experimental results in physiological and pathological processes, have raised the question Hahnemann dealt with out of one general level, out of the conception that all chronic disease may be attributable to one cause only. The question, in the light of modern experimental knowledge, is as to the relative significance of causes in any given case operating in relation to each other, and all ramifications of effects which are themselves secondary causes. These together may form an intimate study and productive field for investigation.

Hahnemann's theory, however, in the various steps of reasoning which it involves, contains elements of the greatest interest even in the present day, and raises subsidiary questions which are by no means settled by modern knowledge.

Some further examination of it will soon reveal this. But before such an examination is entered upon, a preliminary question has to be considered. What is to be understood by the terms psora and miasm, which Hahnemann used? Would his meaning of them correspond to the interpretation which they would bear in modern pathology?

First, as regards the interpretation to be put on the name PSORA. The literal English translation of it is simply *the itch*, but the actual meaning of the term in Hahnemann's use of it is by no means covered by its modern application to the eruption caused by the presence of the itch mite, the *Acarus scabiei*. After carefully reading Hahnemann's works, and for the reasons which follow, the writer of this paper is persuaded that this position is the correct one, although he thus differs from the high authority of Dr. Hughes, who holds that Hahnemann did "base the logical superstructure of his theory upon the distinct entity scabies."* Nor in consequence can the writer perceive that scrofula should logically have been banished by Hahnemann as a representative of psora, as Dr. Hughes suggests, but quite the contrary.

That the actual eruption of scabies was included by Hahnemann under the effects of psora is certain for many reasons, and his knowledge that infection was the

* *Manual of Pharmacodynamics*, London, 1893, p. 841.

means of producing this eruption may have given him the notion of the miasm of psora. But the parasitic origin of the distinctive itch eruption was unknown, or at least forgotten, at the time Hahnemann wrote, whereas the term psora was applied to almost any eruption having violent itching as its accompaniment. By a reference to Willan's work on skin diseases* this will be made clear. In his work on *Cutaneous Diseases*, Willan says "the term psora was applied by Greek physicians indifferently to (1) scaly incrustation variously figured, (2) eruptions of pustules, and (3) diseases of the eyes and eyelids." On page 148 there is a reference to (1) ulcerated psora and (2) scaly psora. Treating of psoriasis, which undoubtedly included as well, forms of seborrhœa, Willan says (p. 15), "Since the year 1500 this complaint has been described by some medical writers as psora or scabies sicca, and by others as impetigo." For himself, he intended to reserve the term psora for the disease known as impetigo. Willan, however, did not live to complete his work. His *Cutaneous Diseases* does not include impetigo, nor has it any reference to scabies. Bateman† took up the work where Willan left it, but in Bateman's volume there is no reference to psora. Impetigo is given, but without reference to Willan's intended designation. And with regard to the parasitic origin of scabies, in Bateman's work this affection is classed under pustulæ, the vesicular itch being impossible to delineate. Three varieties of the affection are given—scabies lymphatica, purulenta, and porcina, the two latter being pustular, and the porcina being caused by infection from dogs, cats, or pigs suffering from mange. Thus even in Bateman's time the local parasitic origin of scabies was only beginning to be suspected, and nowhere in these early writings on cutaneous disease is scabies referred to as psora. The latter term, no doubt, fell into disuse as the various forms of eruption having intense itching as an accompaniment became differentiated under a system of classification according to their appearances, which was initiated by Willan. In the year 1816, Hahnemann says‡ he began searching into the causation of chronic

* *Cutaneous Diseases*, vol. i., London, 1808.
† *Delineations of Skin Diseases*, London, 1817 (see preface).
‡ Op. cit. p. 5.

diseases; his book was completed in 1828. His speculation regarding psora had evidently firmly laid hold of his mind before he saw Willan's* work, for he acknowledges the care bestowed upon the latter, and passes his opinion upon it in the light of his speculation. In the judgment of the writer of this paper, accordingly, the interpretation to be put on the term psora, in the light of modern knowledge, is that of an infection which might cause as its initial effect on the organism a chronic inflammation of the epidermis, including the eruption following a neglected or untreated scabies, and also the angioneuroses of modern writers.† The chief varieties of inflammation which are included under this designation may here be named, and it will then be seen how comprehensive Hahnemann's theory was, and how suggestive of the theories of the present day as to the infective origin of many skin diseases.

Following Unna's classification, which would probably be a nearer descendant of Hahnemann's than that of British dermatologists, psora would include the *erythema* group, the *prurigo* group, the *hydroa* group, and the *herpes* group; all (so called by Unna) infectious inflammations of the epidermis excepting the *syphilides*, viz.. *scabies*, *impetigo*, *pemphigus*, *eczema*, *ecthyma*, *psoriasis*, *pityriasis*, *lichen*, *ichthyosis*, and some inflammations of the epidermis and true skin, including *acne*, *elephantiasis*, *lupus*, *scrofuloderma*, *leprosy*, not to mention the rarer and allied varieties which may be grouped under each of these designations.

What did Hahnemann understand by a *miasm*? Certainly, as already suggested, not a parasite of the nature of the *Acarus scabiei*. Certainly not a micro-organism, as understood in the present day. In Lippincott's Dictionary, dated as late as 1869, the latter term is not to be found. The best interpretation that can be put upon the word is that of a hetero-toxæmia, a poison communicated from without. Something was known in Hahnemann's time about fermentation and putrefaction, and about infection in the broadest acceptation of the term, but beyond the most indefinite

* Op. cit., p. 7.

† See specially *Histopathology of Diseases of the Skin*, by Dr. P. G. Unna; translated by Norman Walker, M.D., Edinburgh, 1896.

knowledge of the bare facts of these processes nothing was known. So that the point he made as to the infectious character of psora was an extremely general and indefinite one, and great care should be exercised in not placing more meaning to his words than they could possibly bear.

In estimating the position occupied by Hahnemann's theory in the light of present-day knowledge, attention should be given first to what may be termed the philosophical *point of view* from which it ought to regarded. Next, the *theory of infection* may be *brought into relationship* with *modern theories of infection*, bearing especially on the known and suspected results of modern bacteriology. Further, certain *general biological factors* in the production of chronic disease and as contributing causes in morbid processes have to be reviewed, which on account of insufficient knowledge were inadequately appreciated by Hahnemann. Certain *special biological factors*, such as the localisation of a primary organic lesion resulting from acute disease, and the physiological influence of the mind and nervous system in the presence of chronic disease, also inadequately appreciated by him, may be brought under notice; and, finally, the whole question may be reviewed in the light of Hahnemann's suggestions as to treatment, this latter being the starting-point and motive for the consideration of the subject both in Hahnemann's and the present day.

I.

The philosophical *point of view* from which Hahnemann's theory should be regarded is, as nearly as it can be ascertained, the process of observation and reasoning by which it arose in his mind.

Hahnemann was confronted by a host of chronic morbid phenomena for which he could not account, and which resisted ordinary homœopathic treatment. He had noticed that certain series of these phenomena had been preceded and were often accompanied by an eruption on the skin, which usually had itching as a predominant symptom. He knew that in venereal diseases, particularly syphilis proper, the primary local manifestation of the disease resulted some days after original infection with the miasm, whatever that might be. He also knew that certain forms of skin eruption, of which

scabies and its attendant inflammations were the most conspicuous examples, were communicable by infection. He knew likewise that in acute exanthemata, if the eruption did not appear on the skin, internal disease was much more serious; and he knew also that the sudden cessation of a chronic itching eruption was often followed by serious internal disease. Could he account for the innumerable morbid phenomena, hitherto unaccounted for, by supposing that all chronic disease other than venereal disease was caused by a miasm having local contagion as its starting-point, and an itching eruption as its initial manifestation? and if incurred generally or suppressed locally only, all sorts of chronic secondary disorders would result? It was a wide and daring speculation, borne out by a vast number of known facts and processes, and in the state of knowledge of Hahnemann's day seemed adequate as a basis for treatment.

Now the *point of view* of this speculation is not that usually attributed to Hahnemann, to assert or believe which is exhibited as a process of illogical reasoning, particularly by enemies of homœopathy. Hahnemann's view was a perfectly scientific one in his own day, and in his theory he has handed down to the present generation a number of suggestions which present themselves as problems yet unsolved. The first of these problems is the physiological relationship of the skin to the organism as a whole, and it must receive our first attention. The groundwork of Hahnemann's theory is the individuality of the human organism as exhibiting various chronic morbid phenomena resisting treatment, and with a special susceptibility to exhibit the symptoms of the disease on the surface of the skin (or mucous membrane), which susceptibility is to be regarded as an illustration of an effort of nature to eliminate the cause of the disease, which is in the nature of infection. Of the general truth of this position in the present day there is no doubt.

Modern writers on physiology and pathology are curiously silent as to the physiological relationship of the skin to the organism as a whole. Many of them—for example, Unna, in the work from which quotations have already been made—suggest that the study of the pathology of dermatoses is especially valuable as throwing light on the pathology of internal organs.

This arises from the fact that the actual disease-processes may be examined under our eyes, and not on account of any special aptitude or tendency or quality in the structure and function of the skin for manifesting disease-processes. The skin, too, is usually referred to as an organ of the body, although such a conception of its relationship to the whole is surely an inadequate one.

It must not be forgotten (and this is a point which should always be borne in mind when considering the physiological relationship of an organ or system of the body to its pathology) that, in common with the nervous system, the skin is developed from the uppermost layer of the blastodermic vesicle—the epiblast, in which the cells exhibit the most intense degree of vital activity of the whole vesicle. Although in its ultimate development structure and function are not so differentiated or specialised as in the nervous system, the skin has various functions, and it is quite as ubiquitous in its distribution as a certain portion of the nervous system. It well deserves the conception of a system as distinguished from an organ of the body. But more than this, it is in the skin that the sensory nerves for the body as a whole are distributed, through which sensation is communicated, and in intimate association with which general contact with the environment of the organism is carried on. By comparison with unicellular organisms, in which the simplest functions of life are carried on by the protoplasm as a whole, this function of the skin is highly important. In those simple forms the whole protoplasm receives stimuli and pabulum from the environment, and reacts upon these in its entirety. But in multicellular organisms, especially in vertebrata, the reception of stimuli and reaction on external conditions is deputed to the specialised epithelial cells of every part, of which those of the skin are perhaps the most important, and at any rate the most external. By means of the skin, absorption takes place most readily, especially if the uppermost horny layer of the epidermis is destroyed; while at the same time it is an important excretory organ, as important as any excretory organ of the body.

In the higher animals, too, in which the whole organism is represented and controlled by a developed

nervous system, the skin becomes of second importance only as a system to that nervous system.

The function of sensation is performed by the sensory nerves distributed over the body in the skin. But the function of sensation from the point of view of the anatomy and physiology of the skin has greater significance than its mere distribution. Where skin and nerves are present a localised sensation is an integration of diffuse simple sensation or preliminary reaction of the organism on the environment; and although referred to one part of the body only, has a significance for the whole, inasmuch as the whole body may react in response to that sensation. And inasmuch as the skin in structure and function is the preliminary means of communication of sensation between what is not life and what is life—is on the surface, as it were, and in reality, and no sensation would be manifested without skin any more than without nerves, the skin in the highest forms of life may be expected to have a most important relationship to the pathology of the entire organism.

Not to speak of the communication of infection to the whole body by means of the skin, the instances Hahnemann adduces from other authors, of where serious disease resulted from the cessation of an itching eruption, as well as the multitude of similar facts occurring in the experience of physicians to-day, serve to indicate that the skin in any part of its extent has by no means a merely local importance; the slightest dermatitis has a relationship to the organism, even if in its own history as a dermatitis it is purely local. If, however, the dermatitis be chronic, and is not removed by attention to hygienic conditions appropriate to the skin—and cases such as these are those which Hahnemann first had under his observation,—whatever pathological theory of the inflammation may be adopted, such a dermatitis cannot fail to have a relationship to a general pathological state of the whole organism.

One more point may receive a passing notice. A number of the effects observed by the authors Hahnemann quotes as following the cessation of an eruption on the skin were affections of the nervous system, such as asthma, neuralgia, migraine, &c. Without assuming the original cause of the eruption to be an

infection or even an auto-toxæmia, such as many cases of eczema are now believed to be, in the view of the physiological and pathological relationship of the skin to the organism as a whole, emphasised above, such a sequence as an asthma following the cessation of an eczema, or a laryngismus stridulus following it in a child who is cutting its teeth, may be regarded as a normal pathological sequence; or, to express the same thing by a more familiar illustration, it is an inverse process of counter-irritation, and because an inverse process, therefore detrimental to the organism as a whole. In highly organised beings, to the skin is deputed the most elementary and the most extensive as well as the most integrated contact with the environment. That a morbid process should be initially determined there is surely in accordance with the most complete operation of the *vis medicatrix naturæ*, and an original recognition of this truth in relation to chronic disease we owe to Hahnemann.

II.

In his enunciation of the theory* of the miasmatic origin of chronic disease, there is no doubt in the mind of the writer of this paper that Hahnemann foreshadowed the parasitic theory of the origin of tuberculosis. True it is that he assumed one miasm only for non-venereal ailments, and that in consequence he mixed up tubercular conditions with other chronic conditions, which in the present day are believed to be dependent on micro-organismic infection or a toxæmia resulting therefrom. But a hundred years ago micro-organismic infection was unknown, and the discovery of specific bacteria was a still further unsuspected cause of individual disease; accordingly the separation of conditions alike caused by some infection was a mental impossibility, observation and experiment had not sufficiently advanced to permit of it. Their identification was by clinical phenomena alone, and pathological inference could be made alone from *post-mortem* appearances. When, therefore, we remember that Hahnemann ascribes the more or less malignant varieties of the leprosy of the ancients to the same psora, of which the external manifestation was the eruption on the skin; when we remember that through

* *Chronic Diseases*, p. 10.

generations, under improved hygienic conditions, this eruption has assumed much different and milder forms; when we remember that a differentiation between the chronic dermatitis of leprosy and that of tuberculosis, or even of lupus, had not been made, and that even in the present day, since the discovery of the bacterial origin of tuberculosis, all these varieties of skin disease, in common perhaps with psoriasis, are believed to have a common bacteriological origin—we see how near to present-day knowledge Hahnemann was in attributing all chronic diseases manifested in individuals in which there was a history of an eruption on the skin to a preliminary infection by a miasm or toxic agent. Such a theory as his exhibits the vast range of his observation, and the acute mental perception of what was required to be known as an adequate cause for the phenomena which he had observed.

The whole question of infection is, even in the present day, in a state of uncertainty and transition. And the lines of enquiry in which fuller observations and results may be expected are the same now as they were in Hahnemann's day. Some of these may be briefly stated.

What is the actual part played by micro-organisms in the production of inflammations of the skin? Are they the agents in the production of the inflammatory process, or a toxæmia resulting from them? Such questions apply to inflammations which result from a micro-organism known to infect various organs of the body, such as the tubercle bacillus; to the hypothetical bacterial origin of local affections of the epidermis, as in psoriasis, eczema, or lichen, or the vesicular eruption in scabies.

As has already been pointed out, Unna* is inclined to regard micro-organisms as the agents in every case of inflammation of the skin not due to traumatic or neurotic causes; and he points out that some of these are capable of generalisation from the point of view of their bacterial origin, such as the syphilides and tuberculosis. How like the theory of Hahnemann (syphilis, sycosis, psora—all miasmatic) this view is, it is scarcely necessary to point out. Unna also makes

* Op. cit., p. 155.

another important anatomical distinction which was foreshadowed by Hahnemann. Although infectious inflammations which affect the epidermis by itself have no tendency as inflammations to invade the whole organism, inflammations of the true skin may spread and cause very extensive systemic infection. This point is quite beside the mark as to the original cause of the inflammation, whether an auto- or hetero-infection. Hahnemann regarded the inflammation of the epidermis as a primary result of hetero-infection or toxæmia; and the other class of inflammations, such as a series of boils, for example, as secondary to infection of the system. How did he arrive at the distinction? His speculations have a historical interest in the advance of the knowledge of dermatology, to say the least, and the observations of modern dermatologists confirm his emphasis of the epidermis as a means of preservation of the general health of the individual, when the original cause of the inflammation of the epidermis has its operation from within.

Dr. Gailliard, a contributor to the *Transactions of the International Homœopathic Congress** 1891, makes an original suggestion to the subject now under consideration. He states that as results of direct infection by the itch mite, local, general and ultimate effects may follow, or as he terms them primary, secondary, or tertiary accidents; that these accidents are the result in the first place of the ptomaines of the sarcoptes, and secondly from toxines induced by them: that the primary accidents are the itch eruption itself in its various forms; the secondary accidents, prurigo, impetigo, ecthyma, lichen, eczema, &c., &c.; and tertiary accidents, inflammatory states of the nervous system and general toxæmia. Dr. Gailliard, however, appends no cases in support of his position and gives no references whereby his statements may be tested.

The conclusion permissible in relation to chronic infections of the skin seems to be that micro-organisms are the agents, but that a toxæmia depending on them may have a potent influence in the production of the various phenomena characteristic of infected regions.

* *The Psoric Origin of many Chronic Diseases*, by P. Gailliard. M.D., *Transactions*, 1891, p. 414.

On the other hand, certain states of the organism as a whole, and of various functions and organs in particular, are the determining elements whether a particular individual becomes affected or not. The whole subject, however, is at present in such an uncertain position, that as great an alteration in the views of pathologists of a hundred years hence may be expected, as is to be noticed between the views of Hahnemann and those of the present day.

The view which has now been given of Hahnemann's theory of psora will preclude the necessity of more than passing allusion to his other chronic miasms, syphilis and sycosis. With regard to the latter, Hahnemann no doubt confused several varieties of skin disease having a wart-like appearance, which in the present day have received their accurate pathological significance; and the principle of infection, as regards sycosis, receives a similar interpretation in the light of modern pathology as does the principle of psora. Such a view as this, for the reasons presently to be shown, makes no difference in the value of nitric acid or thuja as remedies in conditions of the skin in which it is clearly homœopathic.*

III.

In a consideration of the etiology of chronic disease there are certain *general biological factors* which have been brought into notice, and their influence more or less accurately suggested, since Hahnemann's day; and particularly in connection with the modern doctrine of evolution. These factors have to be weighed in their influence on the states of the organism, whereby infection is rendered more or less probable, and other causes are influenced in their operation. The two most potent of these factors are "heredity" and "habit."

Professor A. Weismann is probably the latest of modern writers on the subject of heredity.† He classes the transmissions of disease among the doubtful phenomena of heredity, and points out also that a careful distinction must be drawn between heredity and infection of the germ. He even goes so far as to think that the transmission of such a disease as epilepsy may be due to

* *Manual of Pharmaco-dynamics*, Hughes, p. 859.

† See *The Germ-Plasm, a Theory of Heredity*, by August Weismann translated by W. Newton Parker, p. 387.

the latter cause. There is no question that the germ may become infected from either parent with the micro-organism—say of syphilis or tuberculosis; and we may agree with Weismann in the statement that the lesions resulting therefrom in the offspring will not be strictly examples of hereditary disease, but rather of infection. What is strictly hereditary is the modification of the essential elements or energy of the germ by the presence of abnormal states or habits in the organism of the parents, induced by disease. These states or habits are inevitably transmitted themselves, or modifications of them, through some allied relationship of organ or system in the embryo to the offspring.

The meaning of this statement may be illustrated by a reference to the natural history of a tubercular lesion, taking the lung as a typically favourite seat for its development. For this purpose reference may be made to Hamilton's or other good text-book of Pathology.* It may be assumed that the mesoblastic neoplasm (tubercle) has been formed in the lung as a reaction of the organism upon the presence of the tubercle bacillus. The natural history of this neoplasm is either a fibrous cicatrisation, calcification, or caseous degeneration. In the favourable event of the first-named taking place, the neoplasm pursues the full course of its evolution, the bacillus becomes destroyed, and the organism, as a whole, suffers no evil effects from the bacillus having found a lodgment in the lung tissue. In the event of caseation taking place, and the fibrous capsule not being sufficiently strong to completely enclose the caseating mass, and the neoplasm breaks down, the bacillus proliferates and infects other points of the lung, and eventually, perhaps other organs of the body, only to undergo the same process until life is destroyed. Now, supposing a subject, who has either cicatrisation or caseation taking place, is in sufficient health to become the parent of offspring: what is likely to be the effect of the tubercular process upon the offspring, excluding for the moment the possibility of actual infection of the germ by the tubercle bacillus? First, the state of the organism which has been in a favourable condition for the

* See Hamilton, vol. i, p. 417, *et seq.*; vol ii, pt. 1, p. 129, *et seq.* London, 1894.

lodgment of the tubercle bacillus will be transmitted with greater or less modification according to the influence the germ-cell of either sex brings to bear upon the future offspring. But if cicatrisation of one or more tubercular nodules has taken place, and no others are present undergoing caseation, a stronger resistance to the power of the tubercle bacillus is to be presupposed, and it is to be presumed that if cicatrisation is thus possible the tendency to the *non-development* of tubercle in the *lung* will be transmitted to the offspring. And if a tubercular tendency is transmitted at all to offspring in this instance, it is likely, following out Hahnemann's teaching, the tubercle bacillus will find its lodgment in the skin; where, unless a new vulnerability is acquired in the life of the organism, it will be comparatively innocuous as far as the actual danger to life is concerned. If, on the other hand, caseation is going on rapidly, and yet the person suffering is able to bear offspring, the presumption is that a much more pronounced vulnerability will be transmitted than in the former case. Excluding the occurrence of actual infection, how far the influence of heredity operates in relation to the transmission of acquired habits, as the scrofulous for example, and what modification of the germ determines that the offspring shall manifest a tendency to certain groups of symptoms typical of such a habit, or of some other such groups of symptoms indicated by Hahnemann as evidence of developed psora, it is impossible to say. But it is also impossible to believe that such a transmission of tendency does not take place.

On the same principle there would appear to be no reason why under improved hygienic and moral conditions in a person inheriting a tubercular or other tendency should not transmit a less tubercular tendency than he had inherited, the influence of heredity operating in one way as well as in the other.

The relation of heredity to disease here indicated may be taken up without committing oneself to the theory of heredity based on Weismann's architectural hereditary system, which, as he confesses, is based on the hypothetical assumption of the various elements included in it.

The writer of this paper has attempted to show* that

* *Prolegomena to a Philosophy of Medicine*, London, 1896.

the phenomena of heredity may be based on a recognition of a general law of life or of a uniform mode of movement of protoplasm, which is specially differentiated and concentrated in the germ-plasm, as containing the most intense concentration of this movement in the whole organism. Depending on external conditions, this movement may be described as an increase of itself by spending itself, and which involves as a natural consequence of itself a resistance to external conditions, which are in themselves inimical to the maintenance or development of this movement—such as the presence of certain other life (*parasitism*) which exhibits the same movement under less exacting conditions, because it is of a lower order of development. The continued operation of this movement in its variations of dependence or resistance on the external conditions represents the probability as to whether heredity shall operate in favouring the occurrence of disease or not. In his "architectural system" Weismann is obliged to fall back on the number of biophors or life-bearers as the ultimate hereditary principle; but in what this principle consists he does not say, except in the power to reproduce itself; nor does he say why a *number* of biophors are required, or what unites them. On the other hand, a recognition of a law of movement which is common to all protoplasm, which renders it capable of reproducing itself by spending itself against external conditions, will account for hereditary influence down to the finest point of likeness and unlikeness. A recognition of this principle throws into relief Hahnemann's speculation regarding the modification of the effects of psora miasm through many generations.

A recognition of a general law of life is almost more a necessity in the case of habit than in the case of heredity, if the second general factor in the causation of chronic disease is to be understood, and brought into connection with heredity.

"Habit," acquired during life, is in point of influence the more potent,—at any rate, it is presumably first in the course of evolution, although second in point of consideration in the history of a single case. Of course, organic tissue and functional habit are to be understood, and the variously well-defined groups of conditions known as the rheumatic, gouty, scrofulous,

herpetic, or others may be accepted as typical examples of the presence of certain tissue or functional habits. On looking over Hahnemann's first symptom-list, indicating latent psora, the mind is impressed by the familiarity of many of these symptoms as evidence of tissue habit.

Too much space would be occupied in detailing all the phases of habit which may be acquired by the tissues, or the various results arising therefrom.

A case in point may be briefly described which will indicate many of these, and also suggest that psora is scarcely necessary to account for them. A girl of fifteen commences the period of puberty with profuse menstruation and leucorrhœa, indicating at least an abnormally hyperæmic condition of the pelvic organs. These symptoms are neglected by the guardians of the child, so that the condition becomes chronic; and she grows up with an enfeebled nervous system, liable to hysteria and emotional irregularities, chronic constipation, and weakened digestive and assimilative functions. She is married. The first confinement is attended with more than the usual amount of shock, and a prolonged convalescence, as also the second and the third. Some few months after the third child is born a catastrophe befalls the young family. The two elder children are attacked with diphtheria, and die in two or three days. The mother is prostrated with grief, and contracts a slight attack of diphtheria. The diphtheria passes off in a short time, and does not leave any evidence of actual paralysis, but the prostration remains; the whole spinal nervous system has received a violent shock which continues unimproved for two years. There is no evidence of spinal cord lesion, but the patient cannot stand upon her legs, and she lapses into a state of almost hopeless neurasthenia. Meanwhile the constipation had continued; there was almost complete anorexia; failure of nutrition, neuralgia, and depression of mind made up the list. On attention being directed to the uterus at a late period of the case, chronic cervicitis was discovered with an immensely enlarged cervix and retroversion. Now undoubtedly the *fons et origo mali* was the condition of the generative organs at the time of puberty, induced possibly by hereditary tendency and bad hygiene, but

susceptible then of complete cure. A bad pelvic tissue habit was formed, not to speak of the presence of local infection; these two elements induced bad tissue habits in other organs and functions, which led to the mal-nutrition and defective metabolism and special susceptibility of the nervous system to the effect of shock. Such a case is an illustration of many others, where the disease may begin in other organs and have other consequent effects. When once the normal condition of an organ is altered by a sufficient external cause, unless that cause is removed the morbid condition becomes a tissue habit of the organ in question; in accordance with the inevitable operation of the law of life, it perpetuates and increases itself in its own activity.

IV.

A number of *special biological factors* may operate as subsidiary causes of chronic disease, which may arise out of the operation of the factors already alluded to in the production of a given morbid state, and which are too numerous to mention. Infection, heredity, habit, may induce a hetero- or auto-toxæmia; hetero- or auto-toxæmia may induce inflammatory states or abnormal tissue metabolism, which in their turn may induce a further auto-toxæmia or abnormal tissue habits. Abnormalities in quantity or quality in food, defective digestion, assimilation, and absorption, inefficient excretion of waste products, may be alike both cause and result of "habit," toxæmia, mal-nutrition, and defective metabolism. And given the influence of the nervous system —cerebral, spinal and sympathetic—upon all these morbid conditions, and all the morbid conditions upon the nervous system; and when a consideration of the position of any given lesion is taken into account, there is brought into view something like a picture of possible ramifications of causes which can produce a given chronic morbid state.

V.

After all, however, we come back to the practical point from which Hahnemann started, and ask how does modern knowledge help towards the successful treatment of chronic disease? The great lesson to be learnt from Hahnemann is that every case is to be studied in itself, and no symptom in the course of a chronic state is to

be considered as having merely local importance, and therefore in an effort to cure the disease to be separately treated. The totality of the patient's state has to be taken into account as much in chronic as in acute disease; but in view of the complicated nature of the influences at work the totality in chronic cases is very different from that in acute. Some of the courses of inquiry needful to ascertain that totality may be indicated.

1. A complete family history for two or three generations, particularly with regard to infection with any specific micro-organism, or a tissue or process habit, or moral conditions.

2. A complete personal history, covering diseases, hygienic conditions, mental and moral influences, occupations, age, &c., &c.

3. A history of the present condition.

4. A complete examination and record of every system and organ of the body, and the symptoms relating thereto.

Once in possession of the totality of the patient's state, what medicines are likely to be indicated as being of possible benefit in curing or ameliorating the patient's condition? Here again, in principle, Hahnemann must be followed. Modern knowledge will help to an appreciation of the relative importance of the various morbid phenomena, and in this way the physician would be often led to choose a different medicine from the one which Hahnemann might have chosen. But the method of choice is the same. The medicine chosen must be the one having the known most profound and most long-lasting effect on the human economy when administered in the healthy; and this profound and long-lasting effect, in order to be successful in the treatment of a case, must be most similar to the most profound and the most universal and yet the most characteristic of the symptoms or morbid phenomena exhibited by the patient under consideration.

Illustrations of what these medicines might be would here be out of place, as also would be any estimate of the value of the pathogenesis in Hahnemann's *Chronic Diseases*. But it may be suggested, by way of commentary on the view of Hahnemann's theory given in this paper, that while he gave the palm to sulphur in

the majority of chronic diseases caused by psora, in the light of modern knowledge arsenic might probably hold the premier place. But when considering causes it is invidious to compare remedies. They are for consideration when the morbid picture is complete before the mind.

CASE OF PERNICIOUS ANÆMIA.

By F. S. Arnold, M.B., Oxon.

On March 18th, 1895, J. H., æt. 68, consulted me with reference to a condition of progressive debility, accompanied by breathlessness and a peculiar pallor. He first noticed a distinct failure of walking power a few weeks before Christmas, 1894, though for quite twelve months past he had been below his usual standard of health. Condition when first seen by me as follows:—He suffers much from weakness and breathlessness. His complexion is of a bright lemon-yellow colour. Lips and palpebral conjunctivæ extremely pallid. Ocular conjunctivæ pearly in appearance. Is extremely thin, but in his own and his wife's opinion, not more so than usual. Has never had much flesh on his bones. Has no severe pain of any kind. Examination of the abdomen shows slight epigastric tenderness, but nothing in the nature of a tumour can be made out. Some œdema about the ankles. Appetite poor. Bowels constipated. Urine high coloured, sp. gr. 1020, contains a trace of albumen. On standing it deposits a considerable quantity of reddish-brown flocculent matter, which under the microscope appears entirely amorphous. A specimen of blood was obtained with some little difficulty, and examined under the microscope. Its appearance was most striking. A very large proportion of the red corpuscles were markedly distorted in shape (poikilocytosis). Oval, pear-shaped, balloon-shaped and flask-shaped corpuscles were extremely numerous. Some megalocytes and microcytes were present. Careful and prolonged examination showed most distinct and active movement on the part of the more distorted corpuscles. So far as I am aware this phenomenon has been alluded to before only by Dr. C. H. Blackley, in his paper on *Pernicious*

Anæmia, published in 1879. Dr. Blackley describes the movements observed by him as amœboid in character. In this case the movements did not seem to me exactly amœboid. They were of a rapid, jerking and wriggling character, and were practically confined to the narrow process in the more distorted corpuscles. One flask-shaped corpuscle was watched carefully for about 20 minutes, and during that time it slowly worked its way by rapid wriggling movements of the neck of the flask, between two other corpuscles, approaching them on one side, passing between them, and emerging on the other side. There was no protrusion of pseudopodia, and no change of shape on the part of the moving corpuscles, and their movements suggested nothing so much as the invasion of the corpuscle by a micro-organism. The patient had been under medical treatment (allopathic) for some time, and had been taking iron regularly without the slightest benefit. I made a diagnosis of pernicious anæmia, and put the patient on arsen. alb. 3x gtt. iij ter in die.

March 25th, 1895. Not much change. Says he feels a little better and stronger. The condition of the blood as regards poikilocytosis about the same. Ordered arsen. alb. 3x gtt. v ter.

April 5th. Appetite better. Thinks he is gaining strength. Not much improvement in the blood as regards the appearance of the corpuscles. Ordered arsen. alb. 1, gtt. ij ter post cib.

April 16th. Distinctly better. Walking power much improved. Considerable improvement in the appearance of the blood. Rep. arsen. 1, gtt. ij ter.

April 30th. Feels "wonderfully better and stronger." Blood much improved. There are still, however, a good many misshapen corpuscles. Arsen. as before.

May 28th. Very much better, able to walk two miles without excessive fatigue. Ran a short distance to-day to catch a train, a performance which I discouraged. Lips, ears and conjunctivæ well coloured. Still a good many distorted corpuscles, but very few of the more extreme forms of distortion. Rep. arsen.

June 20th. Has been away for three weeks into the country. Seems to all intents and purposes well. Has frequently walked ten miles in the day during his holiday. Appetite very good. Condition of blood

shows very marked improvement. Distorted corpuscles have to be carefully searched for. The great majority are perfectly normal in appearance.

Nov. 11th, 1896. The patient has remained well up to the present, has an excellent colour and is in much more robust health than he has been for years. This is a fairly typical case of pernicious anæmia. The chief points of interest are the curious movements noticed in the more distorted red corpuscles, and the steady improvement under a small dose of arsenic. The view maintained by many old-school writers on the subject, that only enormous doses of arsenic are of any use in the treatment of pernicious anæmia, is entirely erroneous. There is, indeed, good reason to believe that the percentage of successes attending the arsenic treatment in the hands of our self-styled "regular" brethren would be considerably higher if a more moderate dosage were adopted, and that we should read of fewer cases of patients left to die because of a supposed "intolerance" of arsenic on their part.

PAPER AND DISCUSSION ON SEQUENCE OF SYMPTOMS.*

W. Theophilus Ord, M.R.C.S. Eng., L.R.C.P. Lond.

The subject of Sequence of Symptoms has never been fairly discussed in this country, for although a discussion followed the presentation of my paper before the recent International Homœopathic Congress in London, the majority of the speakers on that occasion confined their remarks to Pathology *versus* Homœopathy, leaving sequences of Symptoms severely alone. I am, therefore, very anxious that this evening we should have a fair discussion on Sequence of Symptoms as a guide in the selection of the remedy, and for this purpose I must beg you to leave pathology out of the question, for strictly speaking it has nothing to do with the subject we are met to consider.

One reason why these two subjects cannot profitably be considered together is that true pathology is a *science*, although we must remember that theories, which many

* Read at the Bournemouth meeting of the Western Counties Therapeutic Society, October, 1896.

mistake for science, have no proper place amongst the facts of pathology. On the other hand, the selection of the remedy is an *art*, and the value of sequence of symptoms depends upon the skill with which we cultivate the art of applying its principles in the practice of medicine. Another reason why pathology cannot profitably enter into our discussion to-night is, that in applying the principle of sequences we are almost entirely dependent for our knowledge of the order of drug effects upon the records of provings and of poisonings in the *Cyclopædia of Drug Pathogenesy*. Unfortunately, invaluable as these are to us, the majority of them take but little notice of pathology, which, indeed, had no existence in Hahnemann's day, nor for long afterwards. If we possessed a series of provings in which due attention had been given to the facts of modern pathological science, we should rightly include the latter in our applications of these in practice. To attempt to do so as things are at present will only bring confusion. The study of sequence of symptoms is also necessarily concerned with those observed effects of drug action and morbid processes, of which, for the most part, pathology is ignorant, and which often develop long before modern methods of research can recognise that anything is amiss, since they mostly appear as subjective symptoms.

The principles involved in our subject I have carefully explained in my Congress paper,* of which, to save time this evening, you will each have received a copy. This will have reminded you of the facts we are concerned with, so that we need not go over again the first principles involved in the study of sequences.

You will notice on page 11 a table giving a classification of symptoms, by which every possible symptom can be referred to that function of the body which its presence shows to have been disturbed. For this purpose we have to remember that each symptom must be considered as belonging to that function which is proper to the parts that have exhibited the disturbance,

* *Transactions of the International Homœopathic Congress*, London, 1896. An abstract of Dr. Ord's essay on *Drug Selection by Sequence of Symptoms* appeared in the September number of the *Monthly Homœopathic Review*. A copy will be gladly sent to anyone interested in the subject on application to Dr. Ord, Madeira Road, Bournemouth.

and not to those which we may suppose had first originated it. Thus we have nothing to do with the remote causes of reflex symptoms, but must regard them as belonging to the function peculiar to the organ in which they occur.

For practical purposes these eight systemic functions must be briefly expressed, and I have selected as most simple and convenient the use of numerals as employed by Prof. Woodward, of Chicago, in his researches. The following list explains itself:—

1. Sensorial (including cutaneous) symptoms.
2. Nutritive or gastric symptoms.
3. Spinal (and locomotor) symptoms.
4. Respiratory symptoms.
5. Circulatory (vascular system) symptoms.
6. Excretory (kidneys and urinary) symptoms.
7. Reproductive symptoms.
8. Mental symptoms.

By using these numbers as standing for the several functions in the study of the sequences of drug-action in the *Cyclopædia*, we obtain a formula belonging to each drug, and by arranging these formulæ of drug-sequences in the natural order of their numbers we obtain a list in which all remedies having similar sequences group themselves together, and the most dissimilar are furthest apart. This gives us, probably for the first time, a truly scientific classification of drugs. The many attempts that have hitherto been made to classify the remedies in our Materia Medica have been more or less unsatisfactory, since all have been somewhat artificial. Here we have a natural order, in which our drugs have arranged themselves according to the sequence of functional disturbances produced by and characteristic of each. Those causing similar affections of the same organs in similar sequences follow one another in an orderly progression from first to last. Thus, as we might expect, remedies having similar actions produce similar sequences of drug-effects, and so in a table of sequences they will be found in adjacent positions.

The table of drug-sequences now before you includes those discovered and used by Dr. Woodward in America, most of which I obtained independently by a study of the *Cyclopædia* before seeing Dr. Woodward's list. I

have his kind permission to make use of his results with my own. In addition to Dr. Woodward's are some seventeen other remedies where sequences are inserted provisionally for testing in daily work. They have, however, generally given good results in my hands and may be accepted as approximately correct.

This table is a great advance in accuracy and usefulness on the one I used for some eighteen months before Dr. Woodward kindly sent me a copy of his own. Nevertheless, some good work was done by my old table, not only by myself, but also by friends who undertook to try the system by it, amply sufficient to prove the advantage and feasibility of using sequences as reliable guides in the selection of the remedy. I have letters from two colleagues, who at my request have reported their experiences.

Dr. Wingfield writes from Birmingham :—"I have found the table of sequences useful in suggesting remedies which proved curative; it has helped me most effectually in chronic cases. In several instances it enabled me to cure difficult cases which had resisted previous treatment. One of these was a case of long-continued chronic headache, and the other of chronic enlarged and painful right ovary. The drugs used were silica and conium. I think the method a sufficiently reliable means of discovering the correct remedy to be safely used in practice, and in using the new table I shall be more particular in my cases, so as to be able to report to you more fully."

Dr. MacNish writes :—"I am very pleased to hear that you have now completed your new table of sequences. The previous one in my hands had a variable success. In three cases I at once secured the remedy, which I am sure I should never otherwise have secured (unless by the process of exclusion) and a prompt and effectual cure resulted, in other cases my results were dubious. I found it so difficult often to obtain a correct sequence from the patient, and also to bring some of the symptoms under the different headings. I hope you have been able to improve this part of the table. To your new table I shall give a more extended trial."

These letters I think show that we are at least working on a true principle, and that success will certainly result when preliminary difficulties disappear and experience

comes to our aid. The difficulty referred to by Dr. MacNish has been removed by the table of functions given in my essay, and by the new list of sequences in which eight functions are used instead of only six, as in the one Dr. MacNish was testing.

The following four cases will give examples of the method of working the principle in practice, and also of the results usually obtained by its aid.

Cases Illustrating Treatment by Sequence of Symptoms.

Chronic Dyspepsia—Calcarea Phosphorica.

Martha S., aged 25, single. Suffered from dyspepsia on and off for years. Frequently comes for treatment, is usually relieved by nux, sulphur or argent nit., but indigestion soon comes back. On her returning for treatment on December 10th, 1895, I decided to try the principle of sequences. A careful inquiry elicited this clinical history. Patient is always subject to headaches over the right eye, and since these came her digestion has been frequently upset. The present attack of gastric pain and flatulence has caused a feeling as if all the strength went out of her limbs, she is too tired to do her work. Her water has latterly been scanty and thick, and she has now developed a cough. This sequence giving 12364, calcarea phos. 3x trit. was ordered gr. iij. before each meal. In a week she returned saying the second dose of this medicine relieved her, "no medicine had ever done good so quickly before." Calc. phos. was continued for three weeks, when all her symptoms were gone except a nasty taste on waking. She has not returned since.

Hay-fever.—Euphrasia.

June 11th, 1895.—Nellie H., æt. 10 years. A year ago she had enlarged tonsils and nasal catarrh; relieved by iodide of arsenic, this summer she has developed well marked hay-fever. Her symptoms began with occipital headache, worse in the sun and worse by smelling flowers and near grass fields. The attacks of catarrh begin with itching and redness of the inner canthus of the eye, then running of eyes and nose, producing weakness, weariness and loss of appetite. This gives the sequence 1432 which is common to secale, naja, and euphrasia. The last-

named was prescribed, gtt. v of the 1x dilution t.d.s. This cured promptly in a week. The child recovered her strength and had no more catarrh last summer. The other day I met her and learnt she had kept well since.

Bulbar Paralysis.—Lachesis.

June 11th, 1895. Chas. E., æt. 54, an advanced case of Duchenne's labio-glosso-laryngeal paralysis. Cannot speak, protrude tongue or retain saliva. Sterno-mastoids affected, also deltoids. The sclerosis is descending and threatens soon to affect muscles of respiration. There are wasting of muscles and tremors. Patient walks well, and patella reflexes are unaffected. Bowels stubborn. His mind is quite clear. He dates his disease from a severe chill and wetting 12 months ago, after which he lost his voice. Then troubles began in eating, fluids returning by nose, and choking on swallowing. Next, inability to close mouth and turn his head followed, and finally his arms became affected, the right first. He can now with difficulty raise his left hand to his mouth, and cannot feed himself. His greatest distress is from the difficulty of eating and drinking, and from constant choking which threatens to suffocate. He cannot bear anything round his throat, and has distressing flushes. Dating from the initial chill, the paralysis affected the various parts in this order: respiratory, gastric and motor. This gave the sequence 1423. Patient's wife said that after the difficulty in swallowing appeared, he became liable to outbursts of temper, having previously been a very mild man. This would probably suggest a mental disturbance between the last two functions affected, giving 14283 which is the sequence normal to lachesis. There being many indications for this drug, it was prescribed t.d.s. in the 12x dilution, in the forlorn hope of alleviating some of the most distressing symptoms. In a week patient returned saying his throat was better, and he had not choked since taking lachesis. The following week he could eat better, and there was less salivation; his expression was more rational. Three weeks after commencing the drug the food no longer returned and he could keep his mouth shut and so dribbled less. For three more weeks his condition was stationary, but after that the disease made steady progress, unaffected by any drugs, except that cuprum

met. prevented muscular twitching. He was last seen Oct. 10th, when the paralysis had much increased; his legs were becoming affected and he had lost much flesh.

The fact that lachesis had for a time so marked an effect in the face of a destructive organic lesion of the nerves, is a remarkable tribute to the power of homœopathy, and the orderly progress of the paralysis forming a sequence that corresponded with that of lachesis, is not, I think, without interest.

Eczema—Sulphur.

A baby of 14 months. When two months old eczema of the face appeared. Shortly after this, attacks of gastric pain and flatulence occurred, which on several occasions caused sharp fever. When seven months old signs of weakness of the spine and slight enlargement of epiphyses were noticed. These disappeared under silica and a change of diet. The eczema persisted throughout, and became very bad, almost covering the face during teething. Calc. carb., merc., rhus., antim. tart., and other remedies were given at various times, but none touched the eczema except viola tricolor 3x., which certainly affected it, but unfortunately each time it was given gastric pain recurred, and it had to be stopped. I then perceived that the sequence of disorders as described was 1253, indicating sulphur. Strange to say the symptoms had not seemed to indicate sulphur hitherto, and it had not been tried. It was given in the 6x dilution, and cleared the eczema away almost entirely, until teething, pain and distress called for belladonna. At this time the child had a sudden and alarming illness, which developed in the following sequence. *Firstly* a chill with coldness of surface; *secondly* acute abdominal pain; *thirdly* high fever, temperature being 104°; *fourthly* great muscular weakness. There was persistent constipation, great pain and passage of flatus, which suggested peritonitis. After 10 days under various remedies the child was convalescent, but the eczema had meanwhile covered the face with offensive impetiginous crusts, extending from chin to ears and eyes. Noticing that this acute febrile affection had also developed in the sequence of sulphur, this drug was again prescribed with immediate effect, the face clearing at the rate of two square inches per diem, until in 10 days hardly a trace

of eczema remained. This improvement continued for many weeks, but recently there has been a return of trouble through the child cutting five teeth at one time.

Discussion.

Dr. Nicholson (Clifton) thought this paper one of the most important that had ever been presented to the Society. He would like to hear further as to how the sequences of drugs were obtained, as they seemed to vary very much. In the case of iodide of potassium, which he had occasionally known to produce physiological effects, the first symptom observed was always a respiratory affection, generally nasal catarrh, yet in Dr. Ord's table he observed a gastric trouble was given first. Was this correct? He thought we needed to simplify our practical application of homœopathy, the true homœopathic remedy being often very difficult to discover by the usual methods. The table of drug-sequences, he thought, might be most helpful if it proved really reliable as a guide. He thanked Dr. Ord for bringing the subject forward.

Dr. Byres Moir (London) mentioned a case of atropine poisoning that he had just had under observation, in which the first symptom noticed was irritation of throat, the next mental delusions, then loss of muscular power followed by respiratory and gastric troubles. He noticed that the sequence given by Dr. Ord for belladonna corresponded with these symptoms. He thought the functional symptoms that usually preceded an organic change such as that producing locomotor ataxia were most important, and it was only by a study of these, before actual pathological changes became manifest, that we could hope to do good. These symptoms must exist in every case if we could only find them, and if their sequence could be ascertained we might hope by Dr, Ord's method to discover the proper cure.

Dr. Hardy (Bournemouth) agreed that the principle of sequences might be a corollary to the law of similars. He also wondered how the sequences in the table were obtained, and certainly in the case of iodide of potassium, he thought as Dr. Nicholson said, that the first effect produced was a respiratory disturbance. He agreed with Dr. Moir in the importance of studying the functional symptoms that usually preceded organic changes. He thought there was the germ of great future usefulness in Dr. Ord's methods.

Mr. Dudley Wright (London) observed that all the provings from which the sequences in Dr. Ord's table were derived had been with medicines taken by the mouth, and before a proving could be considered complete he suggested proving the remedies when administered by hypodermic

injection. By this means the true sequence of some symptoms might be more certainly ascertained. He thought it would have been better if the case of bulbar paralysis had not been brought forward, as spinal cases of that type so frequently appeared to improve temporarily when treatment was changed or they came under another doctor. The improvement in this case was probably not due to the medicine at all. He thought Dr. Ord's method might be useful in difficult cases, and indeed he had tried it successfully himself,* as he mentioned in the discussion at the Congress.

Dr. Burford (London) thought the subject one of paramount importance for homœopathic prescribing. Had homœopathy advanced at all since the days of Hahnemann? He thought very little. Other sciences advanced, but astronomers did not now call themselves Newtonians, nor did electricians pride themselves in being Faradayists, why should homœopaths still call themselves Hahnemannians, unless it was that they had made little progress since Hahnemann's day? He thought Dr. Ord's idea one of the most luminous he had ever come across. It appeared simple on the surface, but on investigation was really complex. He observed that criticism had not shaken Dr. Ord's position to-night. The classification of drugs as obtained by the arrangement of their sequences he thought most significant. He observed in the table before them that the remedies stood unmoved in their natural order as a proof of the truth of Dr. Ord's conception. Hahnemann thought that the parallelism between disease and drug symptoms could best be shown by the schema, but they had before them a much more scientific arrangement than had previously been obtained. He could quite understand that all provers might not experience or perceive all the symptoms that others might, owing to personal idiosyncrasies; and in the case of aconite, for example, many might not notice the initial sensory or gastric symptom. Also hydrocyanic acid will produce quite different symptoms in large and small doses. He thought more investigation and work must be done before the method could be relied upon in all cases. The subject was a most important one, and he wished Dr. Ord every success in his researches.

Dr. Nankivell (Bournemouth) asked whether, in the fourth case Dr. Ord had given, the child had not first suffered from a defective osseous formation of the bones of the skull, and that this ought really to have been considered as the first symptom?

*Transactions of the International Homœopathic Congress, 1896 part 1, p. 51.

Dr. Ord said in reply that the child had been born with this congenital defect, which, however, rapidly disappeared under calc. carb. He did not consider that a congenital defect could be properly included in sequences, which were only concerned with symptoms arising after birth. The symptoms given had all developed some time after the congenital trouble had disappeared.

The method of obtaining the sequences for each drug was to go over each case of proving and poisoning in the *Cyclopædia*, carefully noting each symptom which showed the disturbance of a fresh function, and giving the appropriate number to each. In the case of a well-proved drug, when this had been done, in glancing down the row of figures the order common to the majority was often very evident, and indicated the correct sequence. Personal idiosyncrasies had to be considered, and often some provers overlooked or did not exhibit certain symptoms which were clearly shown by others. When provings were scanty it became a more difficult task. The doses taken had also much to do with the clear development of sequences. When large doses of iodide of potassium were given the initial gastric symptom might be unnoticed or suppressed, and only the more evident catarrhal trouble be seen, whereas if smaller doses were given and the effect carefully noticed a gastric symptom could generally be obtained first. A notable example of the effect of massive doses in masking the true sequence was found in hyoscyamus. In most of the poisonings with this drug in the *Cyclopædia* mental symptoms, delirium and hallucinations, alone were noticed, but in provings with smaller doses a long train of preliminary effects were first produced revealing the true sequence, in which mental disturbance was actually the 5th function affected. To argue that it should be the first because in some cases no others appeared would be as sensible as to say that death was the first symptom produced by hydrocyanic acid.

Mr. Dudley Wright's statement as to improvement in spinal cases under change of treatment was doubtless true, but it did not apply to the present instance, as only the symptoms peculiar to lachesis were relieved, the others being unaffected; it could not be supposed that the patient knew what symptoms the drug was expected to remove, or that an improvement induced by mental action temporarily, could affect only the symptoms peculiar to lachesis. He thought great help might be obtained if drugs were proved by hypodermic injection, and remembered that 3 or 4 grains of magnesium sulphate given in this way would cause violent purgation. He did not suggest or wish that the method of

sequences should replace the ordinary manner of prescribing; it was not suited for all cases, and where the symptoms clearly called for a certain drug there could be no object in using it; but in many cases, as Dr. Nicholson had said, it was a difficult task to select the true remedy, and here the value of sequences came in. He believed that prescribing by sequence of symptoms would prove to be far less laborious and more reliable than repertory-hunting. He thanked members for the interest they had taken in his paper, their encouraging words would be a great help to him in pursuing his investigations.

REVIEWS.

Everybody's Medical Guide. A Handbook of Reliable Medical Information and Advice. By M.D. (Lond.) London: Saxon & Co. 1896 (?)

It is indeed a pity that this little book—which one might at a first glance really call unpretending—is not placed in the hands of "everybody," for we are informed (in the preface) that "*the advice given is absolutely reliable.*" (Italics ours). It appears, however, a little inconsistent to state in the next sentence that the advice of a physician "is ALWAYS to be preferred" to it, for we are all well aware that it can hardly be said that in every instance "the advice given" (by a physician) "is absolutely reliable." This statement, however, is to be excused on the ground of the modesty of "M.D. Lond."

We should like to quote a number of passages from M.D. Lond's. book for the benefit of the digestion of the reader—not to mention his amusement. We must be content with one or two.

Under "Deafness" we read artificial drums may be obtained ("sold in boxes containing a dozen"), and that "when in use they are invisible and have no unsightly appearance." Later we are told once a week to "dissolve 8 L. G. B. soloids in a gallon of water" for flushing drains; we wonder if "L. G. B." are M.D. Lond's. initials (!!) Some of the descendants of Mr. Squeers should remember that "the custom of making schoolgirls walk in pairs in a row is very prejudicial to health."

Purgatives and laxatives are remedies of as frequent use as are bromides at an epileptic hospital.

To drive away the effects of a "mauvais quart d'heure," we recommend M.D. Lond.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fourth meeting of the session was held at the London Homœopathic Hospital on Thursday, January 7th, 1897, at eight o'clock, Dr. Madden, President, in the chair.

A paper was read by Dr. Edward Blake on *Cardiac Arhythmia and other Perturbations of Heart-Action.*

Dr. Blake observed that the heart is prone to perturbation as regards Rhythm, Force and Rate.

1. Perversions of Rhythm were summarily dismissed as possessing no clinical significance.

2. Force.

With regard to force, it was shown that prolonged inspiration contracts the arteries, whilst forced expiration in man appears to dilate them. These observations seem to flatly contradict the results obtained from animals. An explanation has since been given by Mr. Leonard Hill, whose original researches on the circulation of the blood are so well known.

As a result of a series of very important experiments made by him, in conjunction with Drs. Sequeira and Barnard, it has been shown that the *apparent* dilatation is due to the swelling of the veins which accompany the radial artery, this swelling being caused by thoracic back-pressure. Three large venæ comites go with the radial artery, one on either side and one on the top. These four vessels can completely fill the radial notch. The swelling out of the veins simulates perfectly an arterial enlargement. The venous dilatation may vitiate all digital, arteriometric and sphygmographic records. These observations excite the gravest suspicion of the value of the radial pulse, as a foundation for the erection of any serious superstructure. Some artery should be selected which has no *vena comes*.

3. Rate.

Quickening and Slowing.—Of these, the latter or bradycardia is by far the more grave and important, although advice is rarely sought for it.

Heart-hurry is of two kinds.

Tachycardia and
Palpitation.

The difference being that one is conscious of having palpitation, whilst of true tachycardia, no one knows that he is the possessor, until he is told.

The term "tachycardia," introduced by Prœbsting in 1881, is not very accurate; it should be "polycardia."

The point of departure of an attack may be either from the

heart itself, from some peripheral distribution of the vagus, or from the sympathetic.

As regards the vagal nucleus, heart-hurry may arise from stimulation of excitomotor fibres or paresis of inhibitory fibres. As a matter of fact it is nearly always the latter. An inhibitory pulse of 120 means sympathetic irritation. A sustained pulse of 120 to 180 indicates a suspension of bulbar control. Above 180 points to sympathetic disturbance, plus abolished inhibition, with or without excito-motor irritation.

Persistent tachycardia is generally due to neuritis of vagus, especially if it come, endure a certain time and then go, to return no more. Such cases are seen during pneumonic abscess, the advent and departure of the menses, and in the course of all the zymotics and the great constitutional diseases, and in the so-called "neuroses," many being either auto- or hetero-toxic in character. Even the cases which follow shock, physical or mental, mean an auto-toxis with retained catabolic products.

Heart-hurry, due to vagal neuritis, is of two chief kinds:

A. Ascending, and
B. Descending.

Chief forms of the *Ascending type* are:—

1. Myocarditis.
2. Inflammation of the cardiac membranes.
3. Aortitis.

Descending type.

1. Toxis from tea, tobacco, &c.
2. Purulent process, pulmonary abscess, pneumonic and tubercular, middle ear suppuration, empyema of antra or of frontal sinus, pyorrhœa alveolaris, gastric and duodenal ulcer, ulcerative colitis, rectal ulceration, pyonephrosis, &c.
3. The gastric crises of Graves' disease are a transference of neuritis from superior vagal filaments to the left gastric filaments, and they are probably preceded by an acute gastric dilatation. For gastric dilatation is to the stomach, what tachycardia is to the heart.

In epilepsy the higher the tension and the older the patient, the more favourable the prognosis; the same holds good of glycosuria; the very reverse is the case with migraine. True tachycardia, of the sustained type, is unknown in childhood. Its place is taken by chorea. The causes of heart-hurry being indeed identical with the causes of St. Vitus' dance.

Chorea, excepting in the shape of that grave disorder, hereditary chorea or Huntington's disease, is rare after the eruption of the second molars.

Anæmia is the commonest cause of tachycardia in woman,

and rest is essential in these cases; also the sedulous removal of all infective materials.

Then are indicated the dry morning meal, lavage of stomach and intestines.

Look out for lead in drinking water, arsenic in fabrics and in wall paper, sewer gas from badly constructed drains. Attend to decayed teeth, and insist on lung gymnastics. Absolutely forbid tea and alcohol.

In children, though tachycardia is unknown, palpitation is not rare. It is sad to think that terror is the commonest cause. Nursemaids frighten children by threats to hide their own misdeeds or to save themselves trouble. Other causes are naso-pharyngeal growths, displaced and decayed teeth, visual and auditory defects, spinal curvature and close class rooms, albuminuria, over exertion and over excitement.

NOTABILIA.

TWO MONUMENTS.

In the United States of America, it has been determined to erect monuments to physicians, the memories of whom are honoured by non-homœopaths on the one hand, and by homœopaths on the other. The former, who style themselves "the regular medical profession"—this designation has been adopted on the *lucus a non lucendo* principle, inasmuch as they repudiate any therapeutic *regula*—wish by a monument to commemorate the work of Dr. Rush; the latter, as we all know, intend in the same way to memorialise that of Hahnemann. *The Hahnemannian Monthly* tells us that the self-styled "regulars" find a difficulty in floating their scheme, albeit the man whose memory they delight to honour is commonly written of as "the father of American medicine." Their committees, we are told, have issued touching appeals to their medical brethren to subscribe more generally and more generously. In doing so they pay a deserved and gracious compliment to the "remarkable success of the relatively small body of homœopaths in collecting $75,000 for the erection of a monument to Hahnemann," "the model of which, when on exhibition, excited general admiration." In gloomy contrast with this "the regular medical profession, numbering 100,000 more than the entire body of homœopaths, has thus far collected less than $4,000 towards the proposed monument to Dr. Rush." In despair they ask, "Are the regular physicians willing to allow an insignificant bust or mediocre statue to be erected, in pitiable contrast with the splendid testimonial in their Capitol City to a foreign theorist,

by a comparatively small body of his misguided followers?" Commenting upon these quotations from the circular of the Rush Memorial Committee, the editor of the *Hahnemannian Monthly* writes: "We recognise the difficulty with which these gentlemen have to contend. In that conglomerate of exploded, exploding and explosive practices, which is called 'regular practice,' there is an absence of that element of unity of design which alone could unite its adherents to concerted action in honouring any one individual. We know what Hahnemann has done for us and for medicine, but what has Dr. Rush done for them any more than a number of others whom they might 'delight to honour'?"

THE SURGEON-GENERAL OF NEW YORK STATE.

Dr. M. O. Terry, of Utica, N.Y., has been appointed Surgeon-General on the staff of Governor Black. Dr. Terry is a member of the homœopathic school. He held the same position on the staff of Governor Morton.—*Medical Record*, December 26th, 1896.

THE EFFECTS OF ANHELONIUM LEWINII,

The Mescal Button.

The possible interest and importance of the following observations by Dr. Weir Mitchell on the effects of the mescal button will at once present itself to our readers. There are few conditions which more obstinately resist treatment, and for which we require an amplified materia medica than megrim. The effects of the mescal button, observed and collected by Dr. Weir Mitchell, evidently bear a very close relation to some cases of that disorder. We quote at some length from the elaborate and detailed report in the *British Medical Journal* of 5th December, 1896:—

"The history of the use of mescal by the Indians of New Mexico is very well known in the United States, and especially through the valuable papers of Dr. Prentiss, of Washington, D.C.*

"These so interested me that I asked him to favour me with some of the extract. Profiting by his kindness, I made a trial of the drug on May 24th, 1896, by taking it, as I shall now relate.

* *Therapeutic Gazette*, September, 1895.

"At 12 noon of a busy morning I took fully 1½ drachms of an extract of which each drachm represented one mescal button. I had in a half-hour a sense of great gastric discomfort, and later of distension. At 1 p.m. I took a little over a drachm. Between 2 and 3 p.m. I noted my face as flushed; the pupils were dilated midway, the pulse 80 and strong. I had a slight sense of exhilaration, a tendency to talk, and now and then I misplaced a word. The knee jerk and station were normal. Between 2 and 4 o'clock I had outside of my house two consultations, and saw several patients. I observed that with a pleasing sense of languor there was an unusual amount of physical endurance. I went rather quietly, taking two stairs at a time, and without pause, to the fourth storey of an hotel, and did not feel oppressed or short of breath. This is akin to the experience, as I learn, of the mescal-eating Indians, and to that of many white men.

"Meanwhile my stomach was more uncomfortable, and I saw the first evidence of any change in my colour records. On closing my eyes (while in my carriage), I held longer than usual any bright object just seen. As to this, however, I am not as sure as I am concerning the later phenomena. About 4.10 p.m. I drove home, and after taking half an ounce of extract in three doses I lay on a lounge and read, becoming steadily more conscious, at first of a left frontal pain (not severe) and soon after of a dull occipital ache felt on both sides and at or about the occipital bosses. Yawning at times, sleepy, deliciously at languid ease, I was clearly in 'the land where it is always afternoon.' At 4.30 p.m., rising to make notes, I became aware that a transparent, violet haze was about my pen point, a tint so delicate as at times to seem doubtfully existent.

"At this stage of the mescal intoxication I had a certain sense of the things about me as having a more positive existence than usual. It is not easy to define what I mean, and at the time I searched my vocabulary for phrase or word which should fitly state my feeling. It was vain.

"At this time, also, I had a decisive impression that I was more competent in mind than in my every-day moods. I seemed to be sure of victoriously dealing with problems. This state of mind may be easily matched in

the condition of some men when pretty far gone in alcohol intoxication. My own mood was gently flattering—a mere consciousness of power, with meanwhile absolute control of every faculty. I wrote a long letter of advice dealing with a rather doubtful diagnosis, and on reading it over was able to see that it was neither better nor worse than my average letter. Yet the sense of increased ability was so notable that, liking to test it, and with common-sense disbelief in its flattery, I took up a certain paper on psychology, which a week before I had laid down in despair. I grieve to say that it was less to be comprehended than ever. My ignorance would have remained bliss had I not made the experiment. I next tried to do a complicated sum, but soon discovered that my ordinary inefficiency as to figures was not really increased.

"A mood is like a climate and cannot be reasoned with. I continued to have for some two hours this elated sense of superiority. I was for this while in that condition in which some people permanently abide.

"The further test of writing a few lines of verse was tried. I found there was much effort needed. I lay down again about 5.20, observing that the outer space field seemed to be smoky. Just at this time, my eyes being closed, I began to see tiny points of light, like stars or fire flies, which came and went in a moment. My palms were now tingling, my face a little flushed. About 5.40 the star points became many, and then I began to observe something like fragments of stained glass windows. The glass was not very brilliant, but the setting, which was irregular in form, seemed to be made of incessantly flowing sparkles of pale silver, now going here, now there, to and fro, like, as I thought, the inexplicable rush and stay and reflux of the circulation seen through a lens. These window patterns were like fragments coming into view and fading.

"Hoping for still better things in the way of colour, I went upstairs, lay down in a darkened room and waited. In a few minutes the silver stars were seen again, and later I found that these always preceded any other more remarkable visions.

"The display which for an enchanted two hours followed was such as I find it hopeless to describe in language which shall convey to others the beauty and

splendour of what I saw. I shall limit myself to a statement of a certain number of the more definite visions thus projected on the screen of consciousness.

"During these two hours I was generally wide awake. I was comfortable, save as to certain gastric conditions, which were not so severe as to distract attention. Time passed with little sense for me of its passage. I was critically attentive, watchful, interested, and curious, making all the time mental notes for future use.

"Especially at the close of my experience I must, I think, have been for a while in the peculiar interval between the waking state and that of sleep—the 'prædormitum'—the time when we are apt to dream half-controlled stories; but as to this I am not very sure. As a rule, I was on guard with every power of observation and reflection in full activity.

"My first vivid show of mescal colour effects came quickly. I saw the stars, and then, of a sudden, here and there delicate floating films of colour—usually delightful neutral purples and pinks. These came and went—now here, now there. Then an abrupt rush of countless points of white light swept across the field of view, as if the unseen millions of the Milky Way were to flow a sparkling river before the eye. In a minute this was over and the field was dark. Then I began to see zigzag lines of very bright colours, like those seen in some megrims. I tried to fix the place and relation of these tints, but the changes were such as to baffle me. One was an arch of angled lines of red and green, but of what else I could not determine. It was in rapid, what I may call minute, motion.

"The tints of intense green and red shifted and altered, and soon were seen no more. Here, again, was the wonderful loveliness of swelling clouds of more vivid colours gone before I could name them, and, sometimes rising from the lower field, and very swiftly altering in colour tones from pale purples and rose to greys, with now and then a bar of level green or orange intense as lightning and as momentary.

"When I opened my eyes all was gone at once. Closing them I began after a long interval to see for the first time definite objects associated with colours. The stars sparkled and passed away. A white spear of grey stone grew up to huge height, and became a tall, richly

finished Gothic tower of very elaborate and definite design, with many rather worn statues standing in the doorways or on stone brackets. As I gazed every projecting angle, cornice, and even the face of the stones at their joinings were by degrees covered or hung with clusters of what seemed to be huge precious stones, but uncut, some being more like masses of transparent fruit. These were green, purple, red, and orange; never clear yellow and never blue. All seemed to possess an interior light, and to give the faintest idea of the perfectly satisfying intensity and purity of these gorgeous colour-fruits is quite beyond my power. All the colours I have ever beheld are dull as compared to these.

"As I looked, and it lasted long, the tower became of a fine mouse hue, and everywhere the vast pendant masses of emerald green, ruby reds, and orange began to drip a slow rain of colours. All this while nothing was at rest a moment. The balls of colour moved tremulously. The tints became dull, and then, at once, past belief vivid; the architectural lines were all active with shifting tints. The figures moving shook the long hanging lines of living light, and then, in an instant, all was dark.

"After an endless display of less beautiful marvels I saw that which deeply impressed me. An edge of a huge cliff seemed to project over a gulf of unseen depth. My viewless enchanter set on the brink a huge bird claw of stone. Above, from the stem or leg, hung a fragment of some stuff. This began to unroll and float out to a distance which seemed to me to represent Time as well as immensity of Space. Here were miles of rippled purples, half transparent, and of ineffable beauty. Now and then soft golden clouds floated from these folds, or a great shimmer went over the whole of the rolling purples, and things, like green birds, fell from it, fluttering down into the gulf below. Next, I saw clusters of stones hanging in masses from the claw toes, as it seemed to me miles of them, down far below into the underworld of the black gulf.

"This was the most distinct of my visions. Incautiously I opened my eyes, and it was gone. A little later I saw interlaced and numberless hoops in the air all spinning swiftly and all loaded with threaded jewels or with masses of colour in long ropes of clustered balls.

I began to wonder why I saw no opals, and some minutes after each of these circles, which looked like a boy's hoop, became huge opals; if I should say fluid opals it would best describe what was however like nothing earthly.

"I set myself later to seeing if I could conjure figures, for so far I had seen nothing human in form, nor any which seemed alive. I had no luck at this, but a long while after I saw what seemed a shop with apothecaries' bottles, but of such splendour, green, red, purple, as are not outside of the pharmacies of fairy land.

"On the left wall was pinned by the tail a brown worm of perhaps a hundred feet long. It was slowly rotating, like a catherine wheel, nor did it seem loathly. As it turned, long green and red tentacles fell this way and that. On a bench near by two little dwarfs, made, it seemed, of leather, were blowing through long glass pipes of green tint, which seemed to me to be alive, so intensely, vitally green were they. But it were vain to find in words what will describe these colours. Either they seemed strangely solid, or to possess vitality. They still linger visibly in my memory, and left the feeling that I had seen among them colours unknown to my experience.

"Their variety and strange juxtapositions were indeed fascinating for one to whom colour is more than it is to most men; nor is it possible to describe the hundredth of what I saw. I was at last conscious of the fact that at moments I was almost asleep, and then wide awake. In one of these magic moments I saw my last vision and the strangest. I heard what appeared to be approaching rhythmical sounds, and then saw a beach, which I knew to be that of Newport. On this, with a great noise, which lasted but a moment, rolled in out of darkness wave on wave. These as they came were liquid splendours huge and threatening, of wonderfully pure green, or red or deep purple, once only deep orange, and with no trace of foam. These water hills of colour broke on the beach with myriads of lights of the same tint as the wave. This lasted some time, and while it did so I got back to more distinct consciousness, and wished the beautiful terror of these huge mounds of colour would continue.

"A knock at my door caused me to open my eyes, and I lost whatever of wonder might have come after.

"After dinner I ceased to be able to see any further display of interest. Now and then a purple or pink fragment appeared, but that was all. For a day after I noted the fact that my visions could be easily recalled by a memorial effort, but with less and less sharpness.

"These shows are expensive. For two days I had headache, and for one day a smart attack of gastric distress. This came after the first dose, and was most uncomfortable. The experience, however, was worth one such headache and indigestion, but was not worth a second.

"Dr. Prentiss and others describe mescal as causing insomnia. My first experience with the tincture was made early in the morning. I became deeply flushed by noon, but had no visions. I felt drowsy and slept very well the following night. The extract used, as stated, did make me sleepless up to 4 a.m. but neither restless nor uneasy.

"Some interesting reflections are suggested by my experience with this vision-breeding drug, mescal. The effect on me was more or less like what I experienced in some ophthalmic megrims, and even my most brilliant visions can be matched by those I reported in 1887, and by some to be found in Dr. de Schweinitz's more recent paper.

"It will have been seen that mescal supplied me with one-sided (left) frontal headache—later with occipital pain on both sides, with coloured zigzags or fortification lines—the rain of silver and disorder of the stomach. I ask myself now if the megrims with visions are apt to be found in association with occipital pain in the region of the convolutions, which we believed store up our ocularly acquired memories. It is worth an inquiry.

"The mode of action of mescal is somewhat curious, and may vary with the dose and the man. At first, even at the height of drug action, the visions require one to wait with closed eyes for a minute or more. To open the eyes is to dismiss the vision, no matter how dark be the room. Suggestion availed me but little, and no act of will was competent to hold my dream unaltered.

"I found in these seeming laws some resemblance to

those which—in my case, at least—appear to govern a quite ordinary and normal phenomenon. From childhood, I, like some others, can at night, before sleep arrives, summon visions. These are not always just what I desire. Once present I cannot alter them; they shift, change, and disappear under influences not within my capacity to control or to analyse. To open my eyes, even in the most intense darkness, dismisses these visions. Is it true of opium visions? The same law certainly applies to some hysterical phantasms; but the explanation does not as yet seem attainable. My normal power to summon visions was entirely lost under mescal action. I tried to see faces, gardens, etc., but none came at command so long as I was under the influence of the drug.

"For the psychologist this agent should have value. To be able with a whole mind to experiment mentally upon such phenomena as I have described is an unusual privilege. Here is unlocked a storehouse of glorified memorial treasures of one kind. There may be a drug which shall so release a mob of verbal memories, or of musical records, or, in fact, of tastes and odours. I naturally speak of things seen under mescal influence as glorified memories—certainly nothing seen in these visions was altogether outside of my known experiences—but everything was excessive—forms were gigantic—colours marvellously intermingled. In fact, nothing was simply the vision of a thing remembered and recognised except the familiar Newport Beach.

"I see no obvious therapeutic uses for mescal in massive doses. It is yet to be tested by continuous employment in moderate amounts, and may be of value.

"I sought so to limit the influence of mescal as to remain in full possession of all my faculties. The larger doses secure, as Dr. Prentiss has shown, more remarkable results, but may lessen the power to observe and to comment. I should dread a little lest excessive amounts might leave too permanent effects. In fact, I constantly carried for days a quite vivid image of one of these jewel clusters, seeing it mentally whenever my mind was turned upon the subject of my visions.

"I could match this also by a painful experience of some years ago, but I have said enough to show the great interest of this drug for physicians and psycholo-

gists. I predict a perilous reign of the mescal habit when this agent becomes attainable. The temptation to call again the enchanting magic of my experience will, I am sure, be too much for some men to resist after they have once set foot in this land of fairy colours, where there seems to be so much to charm and so little to excite horror or disgust.

"Were I to take mescal again I should dictate to a stenographer all that I saw and in due order. No one can hope to remember for later record so wild a sequence of colour and of forms. But since to talk does not disturb these visions, a perfect account might easily be given. No one has told us what visions come to the Red man. I should like to know if those of the navvy would be like those of the artist, and above all, what those born blind could relate; and, too, such as are born colour blind. In fact, a valuable range of experiment is here to be laid open.

"I append to my own statement that of Dr. Eshner, one of the clinical staff of the Infirmary for Nervous Disease. It will be seen that, although the symptoms were not unlike my own, there were some interesting differences. There was nausea, whereas I had none; there was no distinct headache, whilst mine was notable. In general, the experience was in Dr. Eshner's case more unpleasant than in mine or in those Dr. Prentiss has reported, neither were the visions so remarkable nor the colours as vivid as were those I saw. It is as well to add, as concerns my own statement, that when twice in my life I have had to take hypodermic injections of morphine for several successive nights, the drug ceased to cause sleep after the third night. Later it gave rise to visions of very remarkable character, which I have elsewhere described. These were seen whether or not the eyes were closed, if only the room in which I lay was entirely dark.

"Dr. Eshner writes me as follows: From doses varying from 10 to 50 drops I noticed no effect other, perhaps, than slightly diminished frequency of the pulse. Thus, an hour after taking 20 drops the pulse had fallen from 80 to 70. Fifteen minutes after a dose of 50 drops the pulse had fallen from 82 to 69, although in fifteen minutes more it was again 74. The same effect was noticed after larger doses.

"On May 30th, at 3.50 P.M., with a pulse of 78, I took a fluid drachm. At 4.25 P.M., my pulse was 73, and I took another fluid drachm. At 4.45 my pulse was 65, and I took a third fluid drachm. At 5 P.M., with a pulse of 61, I took 40 minims, all of the preparation I had left. At 5.15 my pulse was 59; at 5.30, 64; and at 6.30, 65.

"As the constitutional facts appeared, I found I could not keep at serious work; I felt some distraction, and lacked my usual mental concentration. I soon began to feel badly, lapsing into a condition of general *malaise*, with not a little prostration, and had to give up any attempt at work, however small. I found some comfort in lying down, and when my eyes closed I became conscious of a series of visual impressions, in most of which colour sensations were present. The pictures were characteristically kaleidoscopic, particularly as regards uniformity of arrangement. They changed frequently at times, like lantern pictures on a screen. The designs were various; some were Oriental, with stars and crescents, and points of light interspersed; others were mosaic in arrangement; some were screen-like; some fern-like; some showed chased figures. Neither the images nor the light was very vivid, although as a rule quite distinct. The intensity at times appeared related to the vigour with which the eyes were closed.

"At about 6.30 P.M. I arose and attempted to eat a little, but failed. Nausea was quite pronounced, and there was total loss of appetite. At no time did vomiting occur.

"I then lay down for half or three-quarters of an hour, and the visions were repeated. I had intended going out in the evening, and, in the hope of gaining relief, I equipped myself for a bicycle ride, and started off, despite my languor and general depression. I made my way to the Park, without the slightest difficulty, and at Girard Bridge met and spoke to an acquaintance, stopped under the bridge to view the Memorial Day illumination, and went on. I rode in all about eight miles, going down a fairly steep declivity with ease, and descending a longer and perhaps steeper declivity with almost equal ease. I perspired *en route*, not unduly, but perceptibly. I felt that my pupils must be dilated from the brilliancy of the light, with prismatic radiations and the large amount that entered my eyes. I think ocular

accommodation may also have been affected, although the visual languor may have been only a part of the general languor. Vision seemed not alert. I was in a state of placid indifference, free from enthusiasm, free from aspiration, without spontaneity. I imagine there was a little dryness of the secretions of the mouth and throat, because my voice appeared a little deeper and fuller than usual. I was scarcely conscious of ordinary movement and felt as though I could scarcely make any extraordinary movement, although I was conscious of the necessity of making the effort, and of the increased exertion necessary in mounting the hill of which I have spoken. In general, however, I seemed to go on by virtue of my own momentum. In a figurative way, I felt as if I were of the same density as the medium in which I floated, so that I would yield to slight external physical impulses. The feeling is one that I can best describe as muscular insensibility or motor anæsthesia. I was a little indifferent as to how I rode, yet not careless nor without a sense of responsibility, but I made little effort to avoid the rougher places, and appreciated very little jolting. I sustained my equilibrium perfectly, and was not compelled to dismount other than intentionally. I rode slowly down Broad Street by the side of a four-in-hand, and listened with enjoyment to the strains of the trumpeter. I met a little messenger boy on a bicycle who made a ludicrous impression on me, and whom at his request I helped to a match without dismounting.

"I reached home about half-past nine, and called at the house of Dr. S. Weir Mitchell, and in his absence left a note for him. I was more fortunate in finding Dr. J. K. Mitchell at home, who noticed the deepening in my voice, dilatation of the pupils, some injection of the eyes, a little flushing of the face, increased knee-jerks and active muscle-jerks, a heart beat of 72, and, as he thought, some evident effort in speech. My own feeling was one of partial release of inhibition, of relaxation of restraint and of repression. The state was not a pleasurable, but rather a helpless one. I could write freely and with ease about what I had passed through and was passing through, and experienced a certain freedom and fluency of expression.

"I sat up and read from about ten until half-past

twelve, the visions returning whenever I closed my eyes. Now I was again able to see all sorts of new designs, fresco work, porcelain decorations, tapestry figures, intricate laces, parquetry diagrams, various kinds of scroll work, etc. I endeavoured to picture an American flag, but only partially succeeded after I had retired, and then my flag was furled. I saw coats of arms and shields and the like. All colours were represented. I looked especially for blue, as Dr. Mitchell had told me that he had seen all colours but blue, and I was successful At one time I saw various shadows of green, and at another especially purples, violets, lilacs, etc. In none of the images were people or animals or other objects than designs represented.

"As I read I was easily pleased. At this time I experienced a sense of nausea, with a suggestion of burning and weight in the umbilical region; but this was gone by the following morning.

"Before going to bed I partook of a sandwich and some milk. I found the sense of taste benumbed. I was not able to fall asleep for some time. My sense of hearing seemed to be more receptive, but less acute. The condition might be described as an impairment of the auditory accommodation comparable to the corresponding ocular state. My breathing failed specially to attract my attention, but seemed shallow. I was conscious of pain on being pinched.

"The night was a restless one, with some snatches of sleep of varying length, but I arose with ease at the usual hour, feeling not much the worse for my late experiences, and not at all sleepy. There remained a sense of fulness in the head, but no other reminder. I partook of my usual breakfast with ordinary relish. The preparation had a disagreeable nauseous taste, with suggestion of pungency."

A CENTRAL HOSPITALS' BOARD FOR LONDON.

On the 25th ult. a meeting to advocate the formation of a Central Board to exercise a moral control over the administration and development of hospitals in London was held under the chairmanship of the Earl of Stamford. The meeting was promoted by the Charity Organisation Society, of which Mr. C. S. Loch is the energetic secretary. The

meeting was well attended by a large number of medical men connected with hospitals, and by a number of others whose feeling seemed to be somewhat hostile to these institutions. The chairman explained that there was no intention of interfering with the self-government of hospitals or of diverting subscriptions therefrom. A draft of the scheme had been placed in the hands of medical men. In general it may be stated that the intended duties of the Board should be the obtaining and publishing of annual reports and audited financial statements of all Metropolitan medical charities; the inspection of the last named; the formation of a fund to be used for special needs, such as extension, rebuilding, &c. A resolution was proposed by Sir William Broadbent approving the formation of such a Board, accepting the rough draft, to which we have alluded, as a basis, and appointing as a preliminary general committee the gentlemen named in the presented draft. This was seconded by Mr. Victor Horsley, and carried by a substantial majority.

Attempts were made to introduce amendments on various grounds, of which the following may be mentioned:—First, that a board of 160 members would be unwieldy, and an executive committee formed from the same unrepresentative. Second, that the preliminary list was misrepresentative rather than representative. Third, that to hand over large sums of money to such a board would constitute it really, if not legally, a governing body with a vast and dangerous power, would destroy the individuality and wholesome rivalry of existing hospitals, and lessen the interest of individual boards of management in their respective institutions. Dr. Wace, of King's College Hospital, made an able speech recommending that the scheme should be submitted to a consultative committee of representatives drawn from all the medical charities before being further proceeded with.

WOUND DIPHTHERIA FOLLOWING ANTITOXIN INJECTION.

F. A. Nyulasy reports (*Intercol. Med. Journ. of Austral.*, September 20th) the case of an infant, aged 1 year 10 months, which was brought to him with an abscess below the right scapula, stated to have been produced by an injection six days before of 200 units of dried antitoxin. The injection was given with a prophylactic purpose, as an older brother of the infant had just died of a rapidly fatal form of laryngeal diphtheria. The abscess was opened, and the wound was dressed with iodoform and covered with perchloride gauze. The child did well for two days, when a diphtheritic mem-

brane appeared on the edges of the wound, which became brawny, indurated, and very painful. The temperature rose to 102° F., and severe fainting attacks occurred at intervals. The throat was clear. The urine contained much albumen. The bad symptoms disappeared in about ten days under the influence of digitalis and acetate of ammonia, careful dieting, and stimulants. The injection is said to have been given with antiseptic precautions.—*British Medical Journal.* December 26th, 1896.

LORD LISTER.

The honour Her Majesty has conferred upon Sir Joseph Lister in elevating him to the peerage is not only gratifying, as it naturally must be, to himself as an acknowledgment of the value of the work he has done for his profession and, through that profession, to the world at large, but it is especially welcome as an admission of the fact that, as *The Times* puts it, "the amelioration of suffering and the prolongation of life, especially when these benefits are extended to countless thousands of people in every quarter of the globe, constitute claims to recognition equal to those of a moderately successful general or administrator, or of a politician whose conversions, if any, have occurred at the most appropriate periods of time."

In congratulating Sir Joseph on the distinction conferred upon him, *The Times* pays a well-merited tribute to the profession he has for so many years adorned, and to increasing the power of usefulness of which his life has been devoted. In a leading article on the 2nd ult. the writer says:—"It must not be forgotten in estimating the claims of the medical profession, that it stands practically alone in having been engaged, during the greater portion of the Queen's reign, in fighting against the very existence of the evils by which it lives, and in persistently sapping the sources of its own prosperity. There have been no more energetic preachers of sanitary reform than country doctors, who, not content with seeing that their own houses were in order and that their own families were sheltered from the main causes of preventable disease, have striven with equal vigour against the defiled water-course which brought its annually recurring typhoid to the village community, or against the faulty house drains which rendered the squire and the farmer such profitable patients. The work of discovery, in relation to these matters, has, of course, been limited to a few; but the work of confirming and of diffusing knowledge has been done by the profession at large, and constitutes a service the magnitude of which can be to some extent gauged by a comparison between

the value of life now and its value fifty years ago. The mean annual death-rate of England and Wales, between 1841 and 1850, was 22·28 per thousand persons living; and, between 1881 and 1890, it was only 19·06. In other words, during each year of the latter decennium about seventy thousand people remained alive who would have died during a corresponding period in the former decennium; and, as one consequence of the change, a male person exposed through life to the rate of mortality which was prevalent between 1881 and 1890 would live nearly four years longer than he would have lived in the earlier decennium. This is a very important change, and is one which cannot fail to have a marked influence on the national welfare. It would be impossible to say in what proportions the merit of effecting it should be divided between the removal of the causes of disease and the better treatment of those diseases, the causes of which have not yet been brought under subjection; but the total result may be fairly claimed as a debt due from the public to the medical profession, and as being sufficient fully to justify any honours which the leaders of that profession may receive from the Government of the country."

We join heartily with our contemporaries in congratulating Lord Lister on the distinction he has obtained, and surgical science on this recognition of its value in relieving suffering and prolonging life.

COCAINE ANÆSTHESIA.

Stoerck (Oct. 24th 1896) discusses the result of the substitution of cocaine anæsthesia for snares or cutting rings in laryngological operations. When the parts lose sensibility, the reflex irritability and contraction of the vocal cords, which formerly served as a *point d'appui*, is lost in reflex paralysis of the laryngeal and pharyngeal muscles. By the old method the contraction of the vocal cords allowed the avulsion of growths from the rima, but to do this when using cocaine would probably tear the soft yielding cord, so that cutting with a very sharp instrument must be employed. In the application of the cocaine a 20 per cent. solution may be used on the laryngeal mucous membrane; but on the pharynx nothing stronger than a 5 per cent. solution. For cocaine intoxication (which is largely due to idiosyncrasy) there is no specific remedy; when it is slight, coffee, when severe, stimulants or the subcutaneous injection of camphor, ether, or musk should be tried, and amyl nitrite is sometimes useful. Stoerck quotes four cases of toxic effects from cocaine in which epileptiform convulsions were followed by collapse.

CORRESPONDENCE.

DILUTED DIPHTHERIA ANTI-TOXIN.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In your January issue there appeared a letter from "Suggestive" under the above title, in which the writer recommends the use of the above remedy internally as being analogous to the use of vaccininum in the treatment of small-pox. For the sake of our reputation and the safety of our patients, I cannot allow this to pass without a protest.

It is true that vaccine and anti-toxin are both used to prevent and to cure small-pox and diphtheria respectively, but the rationale of the administration of the one is diametrically opposite to that of the other. Vaccine can, and does, produce in the healthy a disease, which is a simillimum to small-pox, and protects from its infection by putting the patient into almost the same condition as if he had already had an attack of this disease (in other words, his own blood serum is probably loaded with self-produced "anti-toxin variola"), while it acts curatively, after the disease has started, as a homœopathic remedy pure and simple, and hence is found successful even in the higher attenuations. Anti-toxin diphtheria" on the contrary produces, in the healthy, no disease of any kind, so far as we are aware, but acts, so we are told, as a chemical antidote to the toxin produced by the diphtheria bacillus, and thus protects from its attack when used as a preventive, or antagonises its action when given after the disease has already begun, and thus acts curatively.

We homœopaths are prepared by our experience to believe in the use of infinitesimals when the dose is that of a drug homœopathic to the disease, but it is a stretch of faith beyond even our powers to believe in the action of an infinitesimal dose of a chemical antidote. For pity's sake do not let us give unnecessary, or legitimate, cause for the enemy to blaspheme against us by confounding things which are essentially as different as black from white.

If "Suggestive" wishes to treat diphtheria on the same line as the use of vaccininum in small-pox, he should prepare a dilution of the diphtheria toxin—not the anti-toxin—a method of treatment which has already been extensively tried among those who make use of the nosodes.

It is, of course, open to "Suggestive" to maintain that after all the lymph from an immunised horse does contain an infinitesimal amount of the true "toxin diphtheria," and that hence arises its curative or protective force, and that the

anti-toxin theory is a pure myth—a belief which is, I fancy, already held by the editor of the *Homœopathic World* and some others—but his letter contains no intimation of his holding such a view, and it is not one in which, I think, he would find many followers if he does hold it.

Yours faithfully,

EDWARD M. MADDEN.

Bromley, 18th January, 1897.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

CORRIGENDUM.—On page 752 of our December number, line 2, read 40 instead of 4 miles.

Communications have been received from Dr. HUGHES, Dr. NICHOLSON (Clifton); Messrs. GILBERT & HALL (Bournemouth).

BOOKS RECEIVED.

The Homœopathic World. January. London.—*Medical Reprints.* January. London.—*The Chemist and Druggist.* January. London.—*The Calcutta Medical Journal.* August, 1896.—*The Medical Times.* January. New York.—*The North American Journal of Homœopathy.* December and January. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* January. New York.—*The Medical Century.* December. New York and Chicago.—*The Hahnemannian Monthly.* January. Philadelphia.—*The Homœopathic Recorder.* December. Philadelphia.—*The Clinique.* December. Chicago.—*The Hahnemannian Advocate.* November. Chicago.—*The New England Medical Gazette.* December. Boston.—*The Pacific Coast Journal of Homœopathy.* December. San Francisco and New York.—*The Medical Argus.* December. Minneapolis, Minn.—*The Minneapolis Homœopathic Magazine.* December.—*The Homœopathic Envoy.* January. Lancaster.—*Revue Homœopathique Française.* December. Paris.—*Allgemeine Homöopathische Zeitung.* December 17, January 1 and 14. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* January. Leipzig.—*Archiv für Homöopathie.* November, December and January. Dresden.—*Journal Belge d'Homœopathie.* November-December. Bruxelles.—*Homœopathisch Maandblad.* December 15 and January 15. Zwolle.—*La Homeopatia.* December. Bogota, Columbia.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

HOSPITAL REFORM AND A CENTRAL HOSPITAL BOARD.

In our last issue we gave a brief announcement of a meeting held at the United Service Institution on Monday, January 25th, bearing on the above. The subject of hospital use, abuse and management is one in which all our readers are concerned, and in which the large majority take a more or less active interest.

We can here, in one short article, do little more than touch the fringe of so large a matter, indicating chiefly the lines of thought for its study and perhaps giving some information as to methods already suggested for the solution of the problem of hospital reform.

Raising the question of "reform" naturally means that there is abuse. Are hospitals abused? If so, in what way? These are the first questions for consideration, and the second may be taken first, but in a slightly different form. What constitutes abuse of a hospital? As the advice received at a hospital is *gratis* or charitable, at first sight it appears easy to say that those who can afford to pay a private practitioner in one form or another should not visit a hospital, and that those who do so are guilty of an abuse of charity. But on closer

inspection the position is not so simple; the difficulty is two-fold; firstly, as to what ability to pay means; and, secondly, as to whether we are speaking of the same commodity when we refer to the advice given at hospitals and that obtainable from a private practitioner.

Much time and thought have been spent by enquirers, and by lay and professional almoners, into hospital abuse (especially of out-patients) in the endeavour to settle what constitutes ability to pay. Shall a wage limit be taken as a criterion? Shall the house rent serve the same end? Shall inability to pay off a "doctor's bill," incurred during a long illness, form a claim upon a hospital or the reverse? Shall the ability to pay 1d. per week into a provident dispensary debar a patient from obtaining hospital advice? And what shall be the wage limit, the house rent, the size or duration of the doctor's "bill"? That some unsuitable cases find their way to hospital from time to time, and in some places daily, there can be no doubt. But to fix a standard of ineligibility has not yet been possible.

But financial unsuitability may not be the only form of unfitness. It is argued on the one hand that minor or ordinary cases of illness or injury do not require the advice of hospital physicians and surgeons, and should go to private general practitioners, to provident dispensaries or clubs, or to poor law institutes instead of taking up the time of members of a hospital staff, who freely give their services. However true this may be in theory it has another side, namely, that these minor or ordinary illnesses make up ninety per cent. or more of a general practitioner's cases. If the hospital therefore be one with a school attached, it is important to secure a large supply of such cases to successfully carry out the education of the constant relays of new students. The question of the suitability of the *case*, as distinguished from the patient, carries us back for a moment to the financial side. A patient may be both able and willing to pay the modest fee of his "family doctor," and may have continued to do so for a long period. But he may require, or think he requires, advice or treatment beyond that which his regular attendant can give him. To pay for such special advice in private he may be totally unable. Should his inability to pay a consultant be a reason for admitting such a patient to a hospital, or his

ability to pay his local adviser an occasion for excluding him therefrom?

It is also claimed that "want of organisation" amongst hospitals is a source of weakness. This is an oft-repeated phrase which evidently, in the mind of those who adopt it, covers "a multitude of sins," strongly imagined, vaguely realised, but scarcely at all expressed. From speeches and writings on hospital reform we dig out as it were impressions such as these. Want of organisation results in waste of time and labour, money and efficiency, (1st) in the carrying out of enquiry respecting the pecuniary suitability of patients—inspections overlap on the one hand, and, on the other, as no uniformity of enquiry exists, the inspection is evaded by a prompt change of hospital; (2nd) in the cost of the collection of funds; (3rd) in the unequal and disproportionate distribution of hospital accommodation.

Let it be granted that reform is needed in the class of patient, financial and medical, admitted to the casualty and to the in- and out-patient departments of hospitals; also that united action on some points would lessen expense and increase efficiency. How shall these desirable ends be obtained? The question has recently been taken up afresh by those experienced professional almoners, the Charity Organisation Society. Some suggestions of the Select Committee of the House of Lords in 1892, refer to the formation of a Central Hospital Board for London. "They would recommend" (619) "that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities, and to meet its own necessary expenses." Representation was to be secured by grouping the Medical Charities and Corporations, each group sending one or more members to the Central Board. The total number of representatives was to be 49. The duties of such a Board would include (in brief) 1st, the reception of complete general and audited financial reports; 2nd, the inspection of medical charities; 3rd, the consideration of proposals for new hospitals; 4th, the publication of an annual report under various heads so as to present full and comparative information respecting all medical charities. No grant was to be made to any charity by the fund of the Central Board, or by others

whom the Board could influence, except those commended by the Board.

In February, 1895, under the presidency of the late Sir JOHN ERIC ERICHSEN, Bart., the need of a Central Hospital Board for London was discussed at a special meeting of the Council of the Charity Organisation Society, "with special reference to the promotion of uniformity in the system of admission to hospitals." In the paper read by Colonel MONTEFIORE, Secretary to the Medical and Convalescent Sub-Committee of the Charity Organisation Society, the various conditions under which admission was obtained at different hospitals were alluded to. It was pointed out that many special hospitals received payment from both in- and out-patients. The writer of the paper maintained that the trained almoners which he advised and the enquir yofficers of certain hospitals differed materially in usefulness. The growth of the casualty departments of hospitals was deprecated. A further paper by the same writer was read before the C. O. S. in January, 1896, at a meeting over which Mr. THOMAS BRYANT, F.R.C.S., presided, on some features of hospital finance with special reference to the formation of a Central Hospital Board for London.

The latest effort in connection with the furtherance of the scheme for the establishment of a Central Hospital Board was that already alluded to in our February number, at the United Service Institution, under the presidency of the Earl of STAMFORD. The chief points to be aimed at, as stated in the circular issued by the secretary of the C. O. S., are (1) the preservation of the voluntary system of medical relief; (2) the assistance of hospitals by means of a common fund available for special purposes; (3) the regulation and improvement of the existing voluntary system.

The Board proposed is to be more fully representative than that of the House of Lords' Committee, individual charities and not groups being represented. This gives a Board of 169 members; it is to have no compulsory powers, but shall use its influence by publishing information. To aid hospitals, &c., by special grants it should have an income of £20,000 per annum. Its duties would be much the same as those already mentioned as suggested by the Lords' Committee.

We quote from our February issue some of the leading objections raised at the meeting to the proposed scheme, some of which seem to us of a very serious, if not insuperable, nature :—

"Attempts were made to introduce amendments on various grounds, of which the following may be mentioned :—First: That a Board of 160 members would be unwieldy, and an executive committee formed from the same unrepresentative. Second: That the preliminary list was misrepresentative rather than representative. Third: That to hand over large sums of money to such a Board would constitute it really, if not legally, a governing body with a vast and dangerous power; would destroy the individuality and wholesome rivalry of existing hospitals, and lessen the interests of individual Boards of Management in their respective institutions. Dr. Wace, of King's College Hospital, made an able speech, recommending that the scheme should be submitted to a consultative committee of representatives drawn from all the medical charities, before being further proceeded with."

Perhaps the most formidable objection to the whole scheme is the fact that to make its influence felt it must have pecuniary resources at its command, and that if once this power of money were obtained the Board would unavoidably assume the position of a huge governing body. It would be a governing body of the worst kind for hospitals, because its committee would consist of members, some of whom would be personally interested in individual medical charities, but leaving a considerable number of such charities represented only on paper. The result of the censorship of this Board would be "to lessen the interest of individual boards of management in their respective institutions," and to lessen the interest of subscribers in individual charities. The personal interest felt in hospitals by those who contribute, whether largely or on a small scale, to their founding and maintenance would enormously lessen if funds were diverted "for special objects" (rebuilding, &c.) by and to these huge impersonal central Boards, which would distribute money obtained, by some cut and dried scheme. The more personal the interest felt by an individual in an institution, the more liberal and permanent is his help likely to be. The publication of

all facts relating to the management and work of hospitals should be made as complete as possible, and any guiding comments added; but it is felt that pecuniary assistance should go direct to the needy charity and not through an uninterested body. The pressure of publicity might advantageously be applied with reference to the conditions of admission of patients to hospitals, but no single plan is likely to suit or be accepted by all hospitals. To insist on a rigid uniformity, putting large general and small special hospitals on the same footing would be unfair, but difficult to avoid.

A great and important feature brought out by even a superficial study of the question of the financial suitability of patients for gratuitous hospital treatment is the scanty provision existing for the supply of the needs of the lower middle classes. If it is granted that a hospital should adopt some wage limit such as, roughly speaking, say 20 to 25 shillings per week, what is to become of the numerous and often hard-worked and intelligent class of men and women earning from 30 shillings to three or four pounds per week, when they are in need of special or consulting medical aid? Should a clerk, a small shopkeeper, or a governess require a surgical operation of any magnitude what course is left open to them if the doors of the hospitals are all closed against them? The fees of a London surgeon, together with the expense of a nursing home or of nurses at the patient's house, are altogether beyond the reach of such. One of the first duties of those interested in hospital reform is to provide some *via media* for those whom it is desirable to exclude from gratuitous medical charities. The establishment of home hospitals, so-called, which are partly charitable, and where patients can select their own medical advisers for the first grade of those excluded from non-paying hospitals, is loudly called for. Such institutions must have out-patient facilities attached. For the next grade, paying wards in a general or special hospital, or home hospitals entirely self-supporting are required. Further, some arrangement with the professional staff of hospitals would be necessary whereby the unsuitable candidates for hospital treatment could, on their producing evidence of inability to pay full fees, be seen by the members of the staff at reduced fees.

Lastly, a word may be said respecting the relation of homœopathic hospitals to the scheme of a Central Board, especially as to their representation at such a board, and the conditions of admission of patients. Homœopathic practitioners are few, and homœopathic hospitals still fewer. The patients frequenting both are widely scattered. If a hard and fast wage limit were formed for patients desiring the advice of homœopathists, a grave and cruel injustice would be done to many who would thus be unfairly punished for their therapeutic views, unless, indeed, the arrangements that we have suggested were carried out. By way of illustration, suppose a patient 15 or 20 miles from a large town containing a homœopathic hospital or dispensary; his nearest homœopathic practitioner is at this large town; he could afford occasionally a fee of, *e.g.*, 3s. 6d., but the greater part of this he spends on travelling. Besides, to go this distance he loses, perhaps, half-a-day's work. After this he cannot possibly afford even the fee of 3s. 6d. for a doctor, and if he require the aid of a specialist for whom, as an exceptional thing, he might be able to pay a small fee, say of half-a-guinea, he is still worse off. What is to become of such patients if no special provision be made or privileges be granted them? Similar arguments apply, with only less force, to patients in the country requiring "special" advice, even if not homœopathic. Would the Central Board accept a modified scale of admission conditions suited to the special circumstances? If not it would grievously fail in what would be required of it.

On another page will be found a communication from a contributor of some experience dealing with the subject from other points of view.

ON THE OCCURRENCE OF TACHYCARDIA IN SOME CASES OF CHRONIC PERICARDITIS.

By Chas. Harrison Blackley, M.D.

Some thirty-five years ago, a case came into my hands that gave me some anxiety, and that also gave me a little experience of the difficulty there sometimes is in diagnosing the true nature and extent of a malady.

At the time the patient came under my care he was about fifty-seven years of age, and had had a varied and

somewhat romantic history. In his earlier days he had been the confidential clerk and right-hand man to Hudson, the so-called "railway king." The patient was a good Wesleyan Methodist, and for some years had held office in that religious body as a "local preacher." The great excitement that occurred in railway affairs about the time the patient commenced his services with his employer, caused both of them to be often journeying to and from London—their usual place of residence being, I believe, somewhere near York. This excitement kept up for some years, and probably helped to lay the foundation of the disease that ultimately proved fatal. In order to fulfil the appointments the patient had on "the plan" of "the circuit" to which he belonged in York, it was his custom, when detained in London until the week end, to take the last train on a Saturday that would enable him to arrive in York before midnight. He would then get a few hours' sleep and would fulfil his various appointments during the day and get some hours rest, and then take the first train after midnight to London. In this way he managed to be ready for duty again early on the Monday morning.

At some time during this period of excitement, trouble in the cardiac region began to manifest itself, but at what precise time it began he could not determine. At first it was only a mere sense of discomfort in this region, and this did not, for a while, cause him to think it was necessary to consult a medical man. When he did so he did not specially draw the attention of the men he consulted to the chest; and so far as he could remember no importance was attached to the chest symptoms by any of them. His erratic movements between London and York, and sometimes to other parts of England, made it impossible for him to be under the care of any single medical man; and, for this reason, he had never had a continuous course of observation and treatment of his ailment. He had never been under homœopathic treatment until he came under my care, and, even then, the treatment was greatly interfered with by the pressure of his business engagements. When the patient first came under my care the attacks from which he suffered were characterised by extreme rapidity of the action of the heart. At times the rapidity would be so great that the pulse could not be counted. At other times, when the

pulse could be counted, the rate was never less than 180 per minute, and sometimes much more. On applying the stethoscope to the chest no bruit beyond the faintest "to and fro" sound could be heard, and that was only heard when the attack of tachycardia had subsided.

So far as the patient knew he had never had rheumatic fever, or any symptoms that approached an acute attack of rheumatism; nor, so far as the condition of the joints indicated, was there any sign of his having been affected with chronic rheumatism at any time. The attacks generally came on suddenly without any apparent cause, and after a time would subside in a similarly sudden and unaccountable manner.

At the time I had this patient under treatment Dr. Dudgeon's sphygmograph and the instruments that preceded it were not, so far as I knew, in existence, so that I had simply to depend upon the evidence that the ear and the hand could furnish; and this was not very conclusive, nor such as would enable one to pronounce a definite opinion as to the cause of the ailment. So far as I could judge, I believed it to be, for reasons that will presently be given, principally due to mental disturbance.

After some years' employment with Mr. Hudson, in the way I have indicated, the latter came suddenly to grief, and, I believe, to perfect ruin. The patient had made a considerable sum of money in railway share dealing, but the reverses that affected his employer also lost him the whole of his money. The loss of his situation and the whole of his money was a great shock to him, and from this he never fairly recovered. It was at this time that the attacks of tachycardia first began to be troublesome.

Ultimately the patient had to take a situation as a traveller for one of the large Staffordshire brewers, and in that position he was when he first made my acquaintance. In one of his business journeys he one day had the misfortune to travel by a train with which there was a railway accident. Beyond the shock it gave to the system it did not at first give rise to any unpleasant symptoms; but after a little time the patient began to be troubled with pains in the head (chiefly in the occiput) and in the upper part of the spine. These eventually became so troublesome that they unfitted him for business, and this led his friends to insist upon his making

a claim upon the railway company for damages. This gave him a great deal of worry and anxiety, as the railway company refused to award any compensation for damages. Ultimately the matter was put into the hands of a solicitor, and an action was commenced against the company. Finally the patient was induced by his employers to settle the matter for a merely nominal sum.

Soon after this settlement he went to town (to Manchester) one day on some matter of business, and on returning he was suddenly seized with an attack of tachycardia when within about twenty yards of his own door. It was thought that being so near his own house, when he had felt the attack coming on, he had made a desperate effort to reach his home and so contributed something to help on the fatal termination, which it immediately proved to be.

I was extremely anxious in this case to know what the condition of the heart was, and to see if that condition would throw any light upon the cause of the attacks of tachycardia. With a little persuasion I induced the widow and the friends of the patient to allow me to make a post mortem examination. The examination was accordingly made, but did not throw any light upon the positive cause of the attacks of tachycardia.

Beyond a slight amount of congestion the brain did not seem to be in an unhealthy condition. When the thorax was opened, however, the pericardium was found to be adherent to the heart over quite four-fifths of its extent, but the heart sac contained a very small amount of fluid. The adhesions were apparently old and most of them more or less firmly glued to the surface of the heart, leaving very little space between it and the pericardium.

It was curious to see how the inflammatory condition had originally spread itself in detached spots over the whole surface of the heart, and had formed apparently a case of what the late Dr. C. G. Raue, in his work *On Special Pathology and Diagnostics** calls *pericarditis sicca*.

The question here was how far had the extensive pericarditis been instrumental in bringing on the attacks of

* *Special Pathology and Diagnostics with Therapeutic Hints*, by C. G. Raue, M.D., p. 439; Boericke and Tafel, Philadelphia, U.S.A.

tachycardia? As far as I could judge the former condition had had very little to do with bringing on the attacks of tachycardia, inasmuch as the pericarditis had in all probability been in existence long prior to the attacks of tachycardia coming on.

To the consideration of this question I may return in a future number of the *Review*.

Albany Road, Southport.

HÆMORRHAGIC SHINGLES, FOLLOWED BY A DIFFUSE HERPETIC RASH.

By J. Galley Blackley, M.B., Lond.

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It has long been admitted that shingles is much more frequently seen in patients belonging to neuropathic families, hence its frequency in private practice and comparative rarity amongst the class which supplies the majority of hospital patients. It is known to occur not unfrequently during convalescence from infectious diseases, notably after typhoid fever, small-pox and measles. To this list I think we may now add influenza, for there can be no longer any doubt of the fact that shingles has, during the last half-dozen years (since the appearance of *grippe* in 1889) been far more frequent than it had been in the memory of most medical men. That this may well be so need not surprise us, for the conditions present are in every way favourable; given a neurotic patient, convalescent from an infectious disease primarily affecting the nervous system, and a localised chill may suffice to bring on the classical symptoms of *herpes zoster*. I incline also to the opinion that the same thing is true to a certain extent of gout, occurring in a neurotic subject; where the arthritic form of the disease is in abeyance, and the nervous system is, as so often happens, in a state of unstable equilibrium, shingles may become one of the outward manifestations of the gouty dyscrasia. Amongst a large number of cases of zona seen both in private and hospital work since 1890, the following one is practically unique, and appears worthy of placing on record in more respects than one.

Mr. R. P., aged 70, an American by birth but now permanently domiciled in England as a gentleman-

farmer, sent for me on November 10th last on his return to town from his farm in Hampshire. The patient, always of a highly strung nervous temperament, had been under my care for several attacks of acute gout, the last one in February, 1896. I found him complaining of intense neuralgia of the hinder part of the scalp on the left side, and on examination found patches of erythema slightly raised above the general skin level over a patch about the size of my hand in the left occipital and temporal regions, comprising in fact the area supplied by the greater and smaller occipital and the great auricular nerves. Hearing that the patient had been exposed to the weather of late—especially to a biting N.E. wind—I at once suggested that we had to deal with "shingles," and gave the patient ample warning that progress would be slow and painful. All doubts of the correctness of the diagnosis were soon set at rest. The next day vesiculation had fairly commenced, and the severity of the pain had increased. As the hairy scalp was principally involved it was next to impossible to employ collodion or any dry pellicle, and I therefore contented myself with ordering a compress of lot. plumbi c. opio and gave arsenicum internally. Next day an experienced nurse was obtained, and from this time forward all my suggestions were carried out by the latter with scrupulous care. In spite of this the severity of the general symptoms increased; temperature rose gradually to 102°; the patches of vesicles increased gradually in size until the whole of the painful area was lifted up; the contents of the vesicles at first opalescent gradually became yellowish, and finally, when temperature was at its highest, on the fifth day from the time of my first visit, almost the whole of the contents of the vesicles were seen to be sanguineous, resembling the appearance presented in the worst type of hæmorrhagic small-pox. Next morning (the temperature having fallen to 100°, and the pain having been controlled to some extent by anodyne cataplasms), the nurse directed my attention to a few vesicles which had appeared on the neck and chest. These on examination during this and following days were found to be discrete vesicles ranging from the size of a millet seed to that of a small split pea, and becoming in some instances slightly umbilicated, resembling very closely the vesicles

of varicella. They were found to extend from the neck over the chest and abdomen, genitals, thighs and legs as far as the ankles; a very few were found on the arms and still fewer on the face; one of these last, however, formed a phlyctenule on the left cornea. A few of the largest had a slightly inflamed area around them, but all formed dry scabs, which finally dropped off without leaving an ulcerated surface underneath. From first to last these discrete vesicles were visible for about a fortnight. Meanwhile the hæmorrhagic patch became very foul smelling; the whole patch of skin became gangrenous, and had to be snipped away with scissors bit by bit until a healthy granulating surface was left. The patient then began to take exercise in the open air on fine days, and his appetite, except during the first week of the illness, had been surprisingly good. In spite of this, however, and the use of a little wine, to which he was unaccustomed, the pains became if anything more severe, and sleep was only possible after a subcutaneous injection of morphia at bed time and repeated at five or six in the morning. Cicatrisation of the ulcerated surface was exceedingly slow, and on the 8th ultimo, when the patient returned to the country, there were a few minute spots still open. Thanks to a suggestion of Mr. Knox Shaw I had substituted hydrobromic acid for the hypodermic morphia injections, and for a time with the happiest results, the patient describing it as a "specific for the pain," but, alas! when last I heard from him he had returned to the morphia injections at the hands of his local medical attendant.

An interesting point, and one worth recording here for its possible bearing upon the specific infectious nature of zona as contended for by Besnier and Kaposi, was the fact that the patient's wife had had shingles five months previously, and curiously enough on the right side of the forehead, and accompanied by a small phlyctenule on the right cornea.

Except for the subsequent appearance of the diffuse herpetic rash, a feature not previously recorded, the case of R. P. resembles in all essential particulars the form of zona described by Kaposi under the name of *zoster gangrenosus*.*

* *Arch. f. Dermat. u. Syph.* 1889. No. 4, p. 561.

ON SOME RECENT CASES OF THE LESS COMMON FORMS OF ABDOMINAL LESIONS.

By George Burford, M.B.

[Physician to the Gynæcological Department, London Homœopathic Hospital.

The ensuing cases of abdominal and pelvic disease have each some notable characteristic which specialises them from the ordinary forms of local lesion requiring operative relief. They have occurred in the practice of the last six months, interspersed among cases of a more usual type. In each instance convalescence has followed operative procedure.

Mesenteric Cyst, of at least nine month's growth, occupying the space between the layers of the Great Omentum. Tapping and Drainage of Cyst.—Recovery.

Dr. E. J. Hawkes, of Ramsgate, referred the patient to me for operative relief in December last. She had recently come under Dr. Hawkes' care for an obvious and increasing abdominal tumour, which had been noticed for some nine months. The patient was a single girl, æt 30, thin, but not emaciated, and with no history of loss of flesh. Examination showed an apparently unilocular cyst, occupying a mid-abdominal area, and dipping into the pelvis on the left side; it gave a dull percussion note over its surface, and an easily elicited thrill in all directions. While its lower limit extended into the pelvis, vaginal and rectal examination did not demonstrate it as of pelvic origin.

Operation showed the growth to be a large cyst, with the transverse colon lying over it in front, and burrowing well up to the ascending and descending colon on either side. On tapping, forty-three ounces of a turbid light brown fluid were removed;* and recognising the character of the growth, the opening in the cyst was stitched to the abdominal wall, and the cyst cavity thus continuously drained. The patient made a good recovery, and six weeks after operation Dr. Hawkes

* Mr. Johnstone's report on this fluid shows that it contained no cholesterine, but a very large number of emulsified fat globules.

Dr. BURFORD'S CASE.

Bale & Danielsson, Ltd.

LARGE PYOSALPINX, CONTAINING 20 OUNCES OF PUS.

reports that the sac, still irrigated and drained, has already contracted to less than half its initial capacity.

Mesenteric cysts of this character and size are very rare growths. Grieg Smith states that only fifty recorded cases exist. To endeavour to enucleate them is frequently fatal; and general experience has endorsed the wisdom of compassing the cure by continuous drainage, thus bringing about spontaneous obliteration of the sac.

Fibroid Tumour of the Uterus, growing between the layers of the Broad Ligament.—Hysterectomy.—Recovery.

Dr. Neild, of Tunbridge Wells, referred a lady to me in October last for operative treatment of a uterine fibroid. The circumstances were as follow:—Several years previously she had been informed, after local examination, that the uterus was notably enlarged. The period now was continuously becoming more prolonged and more copious; pain during the period was also marked and progressive; bladder symptoms were troublesome; and, to crown all, the patient had for months been the victim of acute and ceaseless anxiety on account of family matters.

Local examination showed a fibroid enlargement of the uterus, the mass reaching nearly up to the umbilicus. Taking all the details into account, operative proceedings were decided upon.

At operation, Dr. Capper anæsthetising, and Dr. Neild with Mr. Dudley Wright assisting, the tumour was found to lie entirely within the left broad ligament, and to be an outgrowth from the uterus in that direction. After tying off the ovarian vessels, the mass was with some difficulty enucleated, and the uterus down to the lower level of the seat of origin, included in the rubber ligature. The patient made a most excellent recovery, convalescence being easy and unbroken.

Fibroid tumours wholly encapsuled by the broad ligament are not common; and their treatment is correspondingly difficult. Enucleation of necessity leaves a large bed of cellular tissue; and this has also to be dealt with; damage to the ureter is very easy. It is taught, on high authority, that fibroids growing within the broad ligament are often accompanied by amenorrhœa. To this, as a general statement, my case was a conspicuous exception.

Commencing Sarcoma of the Endometrium, with Menorrhagia as the only physical indication.—Vaginal Hysterectomy.—Recovery.

In September last Dr. Purdom, of Croydon, sent to my hospital clinic a middle-aged married woman, with frequent and drenching menorrhagia. This depleting hæmorrhage had been going on for some time, and it proving obstinate to well chosen remedies, she was sent up for further treatment. Taking all circumstances into consideration, I decided to curette; and on doing so, evidences presented themselves of a lesion more suspicious and more extensive than was at first supposed. The curetted fragments were examined by Mr. Johnstone, and pronounced to be sarcomatous. There had hitherto been no loss of flesh, no cachexia, and no notable pain. Anæmia, of course, was pronounced.

Vaginal hysterectomy was performed, under very difficult conditions, on account of the bulk of the uterus; but the entire organ was removed, and without infection of tissues in the locality. The broad ligaments were uninvolved.

The patient made a slow recovery, somewhat hindered by a troublesome vesico-vaginal fistula, for which she is at present under treatment by plastic operation.

The notable features in this case are several.

(1). The detection of the disease in this early stage was accomplished solely by the agency of the curette and microscope.

(2). Constitutional symptoms of malignant disease, other than anæmia, were one and all absent.

(3). Although the uterus was bulky, it was removed before either the deeper muscular layers, or the parametrium became affected.

(4). In all probability, the menorrhagia had existed for some time anterior to the irritation of the malignant growth. The corollary from this is that the cause which determined the earlier hæmorrhage contributed also to the later evolution of sarcomatous growth *in situ*.

Large Pyosalpinx, containing over a pint of pus, and evidently of some years' growth, accompanied by neither pyrexia nor menstrual aberration.—Removal.—Recovery.

In the autumn of last year, Dr. Ord, of Bournemouth, asked me to meet him in consultation on the case of a

single girl, æt. 31, who for some time had lived a life of chronic invalidism, and who latterly had been compelled to keep her bed. Backache, persistent and severe, was the most prominent symptom; while the physical counterpart of this was an abdominal tumour of firm consistence, and reaching from the pelvis nearly up to the umbilicus.

The previous history, in brief, was that the backache had been a source of trouble for a couple of years, and that for eight years, more or less, there had also existed a less severe hypogastric pain, with occasional intermissions. Increasing inability to undertake the duties of life, but with no record of peritoneal crises or other complications, had characterised the case throughout. The period was of the three-day type, usual in point of quantity and character, and with no special attendant pain.

The patient came up to the hospital and, after consultation, operative relief measures were recommended and abdominal section accordingly performed. A tumour, firm and tense, and about the size of an elongated fœtal head, was with much difficulty enucleated from the left broad ligament; the capsular bed was carefully closed by continuous silk suturing, and part of the elongated and hypertrophied Fallopian tube also cut away. The operation lasted two hours.

Convalescence was easy and complete, and the patient was sent home a month after operation, having already greatly improved in general health.

Examination of the tumour by Mr. Johnstone showed it to be a large pyosalpinx, the contents being wholly pus, contained in a cyst wall actually thin, but which was so tense with contained fluid as to convey on manipulation the relative sense of solidity. A distinguished specialist has communicated to the writer another instance of pelvic cyst, similarly tense, and similarly misleading in physical character.

But the striking feature in this case is that the patient should have had for some time so large a collection of pus, with a peritoneal investment, yet without hectic, or rigors, or pyrexia, or even local inflammatory attacks. Here, evidently, the character of the symptoms bore absolutely no corresponding relation to the extreme jeopardy in which the patient's life was placed.

Amputation of the Cervix, with Secondary Vaginal Hysterectomy for Fibrous Degeneration.—Parotitis as a Complication.—Recovery.

Last summer Dr. Black Noble, of Kennington Park Road, brought to me a married woman, æt. 40, for further treatment on account of acute and constant pelvic pain, with drenching menorrhagia. This condition had been progressively growing worse for several months, and on examination the uterus was found big and bulky, and studded with hard nodules. The most obvious of these, of fibroid character, involved the cervix, and with the view (*a*) of removing this bulky growth, and (*b*) exercising a retrogressive influence on the uterine mass, I removed the cervix with the galvano-cautery.

The improvement following this operation was considerable, but in course of time the former symptoms recurred with more than their former acuteness. The menorrhagia was excessive, the pain accompanying was continuous and severe, and the intermenstrual pain also so acute as to necessitate the frequent use of sedatives. The condition finally became so intractable that further operative measures were decided upon, and vaginal hysterectomy performed in January, 1897.

From the operation itself, the local recovery was continuous and unbroken, but a week after hysterectomy, the glands in the parotid region on the right began to swell, and the whole area became extremely painful. Belladonna and pulsatilla were given, but with no effect, and as the right eyelid also was œdematous, apis was now prescribed, with hot moist compresses of veratrum viride. Under this treatment improvement soon set in; the swelling gradually lessened, the pain subsided slowly, and in ten days after commencement a certain degree of brawny swelling, with pain chiefly on movement, remained. Throughout there was no trace of pus, and the highest temperature recorded—102°—was registered on the fifth night.

Parotitis after peritoneal section is an uncommon but not unknown complication. I have seen two other cases in which, also, the inflammation and exudation, though considerable, subsided without suppuration.

Intractable Dysmenorrhœa, with Acute Retroflexion, and where a sound could be passed into the Peritoneal Cavity through the Cervix.—Oophorectomy.—Recovery.

In 1894 I was consulted by a single lady, æt. 36, who stated that since she was 21 she had suffered considerably from dysmenorrhœa, but that her pains now were agonising, and on examination I found a badly retroflexed uterus, and a completely stenosed cervical canal. After preliminary and profitless prescribing, I advised dilatation of the canal under ether, with further attention to the endometrium. Dilatation of the cervix was easily effected, but to my embarrassment I found that each sound, on entering the uterus, would pass its whole length, when tilted to the left, without opposition. Direction to the right arrested the sounds at a distance of 2½ inches from the outer os.

I recognised the condition as one of so-called "Patent Fallopian Tube," and the patient recovered from this operative procedure without break. A few weeks after I passed the ordinary uterine sound, with a view to test the permanence of the former condition. Again the sound disappeared *ad lib.* into the depths of the interior, and I desisted from any repetition of the attempt. The retroflexion, though treated at length by posture and pessaries of all kinds, including Schultze's figure of eight, remained unmanageable, and no remedy, however carefully chosen, afforded even passing relief. Meantime, each recurring period was accompanied by sufferings comparable in intensity to those attending the transit of renal calculi; at these times the duties of life were completely suspended, and the havoc these recurring times of torture were making with the bodily powers was obvious. On consultation it was decided to recommend to the patient the removal of the tubes and ovaries, a proposition to which she gladly assented. Suitable measures at the same time were to be taken to rectify the uterine malposition.

The operation proceeded easily; the ovaries and tubes, showing no gross disease, were removed, and together with these, a small broad ligament cyst found on the left side. The reef in each broad ligament thus made was sufficient to produce normal anteversion. The uterus appeared of normal dimensions, and showing no sign of permanent fistula.

The recovery was easy and complete; and the lady still is free in her expressions of gratitude for permanent relief from her intolerable sufferings.

Matthews Duncan ascribes the unchecked passage of the sound to undue patency of the Fallopian tube. To this view Lawson Tait entirely objects, and explains the phenomenon by the hypothesis of a persisting metro-peritoneal fistula. I regret that examination of the uterus *in situ*, and of the tubes after removal, lends weight to neither of these hypotheses; nor am I prepared, on the strength of a single case, to suggest any *tertium quid*.

AN UNUSUAL OCCURRENCE OF ALBINISM IN ONE FAMILY.

By J. Roberson Day, M.D. Lond.

Physician for Diseases of Children to the London Homœopathic Hospital.

Albinism is not confined to the human race, and examples are met with in all classes of the animal kingdom. A very beautiful collection of specimens illustrating this peculiarity in the lower animals is to be found in the spacious hall of the Natural History Museum at South Kensington. There, one sees examples of a white robin, hare, rabbit, mice and rats, a kangaroo, and even a white blackbird, if it is possible so to describe it.

We are all familiar with examples of albinism amongst the lepidoptera, and the white elephant so frequently heard of, is occasionally to be seen in the flesh.

This peculiar condition cannot be regarded as pathological, for perfect health is consistent with it. In many of the lower creatures it appears to serve the purpose of protecting the animal from too ready detection, as is also the case where the white coat is only assumed in the winter time. In man its use is less apparent, and it distinctly places the individual at a disadvantage.

Somewhat recently I have had a family (in which there were four albinoes), attending my clinic at the hospital. The mother in the first instance brought the

albino infant suffering from vomiting and wasting. The parents were first cousins, but besides this fact no other assignable cause was apparent, and there had been no albinoes in the families of either parent, to explain the peculiarity.

The father was a healthy man, aged 40, fair, with blue eyes.

The mother also healthy, aged 38, fair, with brown eyes.

There had been seven children.

Boy, born June 13th, 1879. Dark.

Boy, born November 4th, 1880. Albino. Died April 5th, 1881. "Consumptive Bowels."

Girl, born December 31st, 1881. Albino.

Boy, born January 28th, 1882. Dark.

Girl, born June 28th, 1887. Albino.

Boy, born June 20th, 1894. Dark. Died November 29th, 1894. Vomiting and wasting.

Girl, born November 3rd, 1895. Albino.

The mother, whom I had frequent opportunity of seeing, was very intelligent, and the little albino infant —my patient—soon made a good recovery, and was remarkably bright and good tempered.

The two girls had very beautiful glossy flaxen-white hair. The eyes presented the greatest peculiarity, for the irides were devoid of pigment, and all had nystagmus, the movements being of the lateral (more common) variety. The two girls wore glasses for myopia, which is a common co-existing condition. They saw best in the twilight, or on dull cloudy days, brilliant sunshine produced great discomfort.

Considerable intellectual ability is compatible with albinism, and for many years the University of London was represented in Parliament by an albino.

According to Erasmus Wilson, albinoes have been met with amongst the dark races of Africa, South America and Mexico, the West Indies and Islands of the Indian Ocean.

CONSULTATION DAY.—FOURTH SERIES.

(Continued.)

LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

CASE XI.—*Disseminated Sclerosis.*

DR. BYRES MOIR exhibited, Nov. 20, this most interesting case, which was under treatment in the Hahnemann Ward. The patient was a school-boy of 14 years. The family history was very good, and showed a total absence of all nervous and tubercular disease.

The patient was quite well until two years ago, when it was noticed that he began to be very unsteady in using his left hand; he was unable to feed himself and seldom used this hand unless compelled to do so. His left leg next became weak and he fell down a great deal. Next the right hand became weak and jerky. The weakness was more marked than the jerky movement in all the limbs, and the latter movement did not occur when the limbs were at rest. Subsequent to above his speech had become slow and hesitating. There were no jerkings of the face or head. The boy was said to be a very bright boy at school. The weakness etc. had been steadily getting worse the last 18 months.

Present condition.—Patient was well nourished and healthy looking, all the functions being normal except those of the nervous system.

a. Motor.—Absence of irregular movements of the head. Irregular movements of the tongue when protruded. Slight convergent strabismus, much increased by looking at near objects. Fine nystagmus on looking to the left, but only when there is a considerable deflection of the visual axis; no diplopia. The grasp of the right hand is weaker than that of the left, but the muscles of the upper arms are equally strong on both sides. Movement of hands markedly ataxic, most in left, but not complete, as he can manage to feed himself. He writes very slowly, pressing his wrist firmly against the table to steady the hand, even then the writing is large and all the strokes show a fine irregular tremor. The speech is jerky and slow, and the syllables are

separated, "scanning speech." The gait is unsteady, but he walks fairly straight. The feet are planted on the ground rather suddenly. He turns the toes of the left foot inwards when walking, and gives the foot a peculiar taxic flourish when it is lifted. These changes are not so well marked in the right foot. There is a little unsteadiness when standing with his eyes shut and feet close together. No rigidity of the muscles.

(*b.*) *Sensory.*—Sensation everywhere normal to touch and pain. He has no pain anywhere. The special senses, taste, smell and hearing, normal. He says his sight is very good; no diplopia, no contraction of visual field.

(*c.*) *Reflexes.*—1. Cutaneous. Plantar reflex absent on right sides. No true reflex on the left side, only extension of the great toe on stimulating the skin of the foot. Cremasteric reflex absent left, present right. Abdominal and epigastric reflexes both absent.

2. Deep.— Knee jerks exaggerated on both sides. Depressed reflex easily obtained; no knee clonus. Ankle clonus not obtained on either side. Extension of the toes occurs on tapping the tendons in front of the ankle joints. Tricipital tendon reflex well marked on both sides. Tapping the tendons both ant. and post. of wrist causes contractions of the muscles. Pupil reflex normal.

d. Trophic.—No obvious wasting of any of the muscles, nor any trophic lesion of the skin, etc.

Ophthalmic examinations.

R.E. v = $\frac{6}{9}$ letters. R. H. by shadow + 2.5
L.E. v = $\frac{6}{9}$ letters. R. H. by shadow + 2.5
} H.m+1.5,

veins full, media clear, full, o.d. hyperæmic. To use + 2 D. for reading.

The patient was taking baryta chlor., which Hammond advises in the stage of irritation after paralysis.

Dr. Galley Blackley agreed in the diagnosis and suggested argent. nitr.

Dr. Roberson Day also agreed in the diagnosis. He thought the condition rare in a child and suggested general massage.

Dr. Goldsbrough mentioned platina, which had some symptoms suggesting this condition.

The case was shown as a typical case of disseminated sclerosis.

Case XII.—*An Abdominal Tumour.*

Dr. Burford showed this case, Nov. 20th, of a woman, passing through the climacteric period, with a much enlarged uterus. He laid great stress on the following points: That the clinical history, the menorrhagia, absence of ascites, wasting, cachexia, etc., indicated benignancy, but that the microscopic examination of the tissue, curetted from the interior of the uterus, showed clearly that the case was malignant, and that the enlargement of the uterus was due to sarcoma. Dr. Burford mentioned that in many cases the microscopic examination failed to demonstrate the malignancy, but that when the tissue was clearly shown microscopically to contain the characteristics due to sarcoma, there was never any doubt about the nature of the lesion. He mentioned that in the case before him the tissues were so soft he could have scraped away the whole uterus. He proposed removing the uterus by vaginal hysterectomy.

Case XIII.—*Tumour of the Breast.*

Mr. Dudley Wright showed the following case on Dec. 4th. The patient was a woman of about 50, who had passed the menopause, with enormous hypertrophy of both breasts dating from early womanhood. In the left was a hard scirrhus, about the size of a Tangerine orange, and the glands in the left axilla and posterior triangle were very hard and much enlarged. There was considerable œdema of the left breast and arm, evidently due to pressure, of some weeks duration. Mr. Wright did not think the case a suitable one for operation, as from the œdema, the veins were evidently involved in the mass of axillary glands.

Mr. Wright said that removal of the breast in fat women, like this case, was seldom successful, the disease nearly always rapidly returned. Removal was much more successful in scrawny women, especially when the tumour was more of an atrophic character.

Dr. Roberson Day suggested hydrastis, and Dr. MacNish apis, for the œdema.

Dr. Edwin A. Neatby thought the tumour malignant. He suggested that, in cases of this kind, occurring in women before the menopause, and not allowing of excision, removal of the appendages might check the

rapidity of the growth as had been suggested recently in the *Lancet*. He had not, however, any experience of this method. Under the circumstances, as the woman was 46, and the catamenia had stopped suddenly four months ago, he would not advise the operation in this case.

Case XIV.—*Myoma of the Uterus.*

Dr. Edwin A. Neatby showed this case on Dec. 4th. Mrs. M. first attended the hospital, March 20th, 1896, suffering from menorrhagia, menstrual pain and abdominal swelling. She had had two children. After the second she had an attack of "inflammation." No pregnancy since. She had suffered from menorrhagia for 5 years; from leucorrhœa for 2½ years; from dysmenorrhœa for 2 years, and had noticed the tumour only about 18 months.

On admission, the tumour was found to extend to within one finger's breadth of the umbilicus. It involved principally the anterior wall of the uterus; the cervix was not implicated, and the os was large and patulous. Sept. 30 (six months later), the tumour was found only to extend to within 2½ fingers' breadths of the umbilicus. The hæmorrhage had very much lessened, so that it was then scanty; it still, however, lasted for 8 to 10 days. She was previously extremely exsanguine but had now a little colour. The medicine taken almost the whole 6 months was calc. iod. Examination of urine:—reaction feebly acid, sp. gr. 1017, albumen, small amount, sugar nil. A microscopic examination of the centrifugalized deposit showed a marked excess of granular leucocytes, together with a very few red blood discs. Also many triple phosphate crystals, but no tube casts or renal epithelium. Urea was 1.68 p.c. (14.28 grammes per diem). Uric acid .057 p.c. (.484 grammes per diem). Ratio of uric acid to urea was 1 to 29.

The iodide of lime used was an American preparation, with a large proportion of free iodine, of which gr. xii were dissolved in water ʒ viii., and one teaspoonful given four times a day. The sphygmograms showed an anæmic pulse, with absence of tension. The later tracings showed distinct improvement. Dr. Epps asked if this preparation of iodide of lime was to be preferred to Kreuznach and Woodhall Spa waters, both of which contained large quantities of iodine and bromine.

Dr. Neatby and Dr. Moir both thought these waters less lasting in their action than the iodide of lime itself. The waters were more applicable in congestion than in actual structural change. Dr. Neatby stated that the tumour in this case was intra-mural.

CASE XV.—*Bulging of the Lower end of the Sternum.*

Dr. Pullar sent this case to the consultation on Dec. 4th for diagnosis and suggestions as to treatment. The patient was a man of 52, with bulging of the lower end of the sternum, noticed two months previously and slowly increasing. There was no history of injury or specific disease. Dr. Pullar had been giving aurum and silica. The tumour reached from the level of the third rib to the lower end of the sternum, and was about three fingers' breadths in width; the swelling was elastic and fluctuation could be easily obtained in all directions. The skin was slightly reddened. No pulsation nor impulse could be felt, and the heart and lung sounds were normal. A gland in the left axilla was enlarged, and there was a soft swelling over the sternal end of the right fourth rib. Two members present thought they could detect crepitus at this point. The case was evidently one of necrosis of the sternum, followed by abscess, which had probably ruptured into the fourth costo-sternal joint on the right side. Incision into the abscess was advised.

CASE XVI.—*Asymmetrical Raynaud's Disease.*

Mr. Knox Shaw exhibited this unusual case of a man suffering from gangrene of the fingers of the right hand.

Personal history: Patient had always enjoyed good health; he was 37 years old. At 19 he had a chancre without sequelæ, and at 20, whilst in India, where he lived for four years as a soldier, he was laid up for four months with dysentery. Parents: Father died from an injury at 53; mother living, aged 62, healthy; three brothers and two sisters living and healthy; two brothers dead, one insane and the other of a weak chest.

Present illness: In the winter of 1891, patient noticed that the fingers of the right hand, especially the index finger, would become "cold and dead" for a few hours after washing in cold water, and he had pain as from a frost bite. This condition persisted until the winter of

1892, when he had an attack of pain of a burning character, which lasted for about five weeks. The pain prevented sleep and was relieved by placing the hand in cold water. In the spring of 1893 he had a similar attack, lasting for several weeks. He was free from pain, &c., until the winter of 1893, when he had another attack, this time accompanied with dryness and shrivelling of the skin of the right index finger, which looked as if burnt. This continued until the winter of 1894, when the middle finger became similarly affected, and two months ago the ring finger also.

Patient's trade was that of a boot maker, and in his occupation he had to prepare leather of various colours, to do which he had to put both his hands in solutions of chromic acid and other strong chemicals.

On admission the skin over the terminal phalanges of the index and middle fingers was black. The whole skin of the middle finger was inflamed and œdematous; that over the index and ring fingers was inflamed and tense, but to a less degree; that on the little finger was parchment-like. There was a well-marked stigma on the pulp of the ring finger.

A fortnight previous to admission the middle finger was incised under an ether spray in the out-patient department, on the anterior surface of the first and second phalanges. The swelling looked very like a collection of pus, but no purulent fluid escaped, nor was there any escape of blood. The cut edges looked white and exuded a scanty serous fluid. Sensation was normal all over the fingers, except on the parts that were dead and discoloured.

Urine, sp. gr. 1018, slightly acid, no albumen, no sugar. No history at any time of hæmaturia.

At the consultation, the diagnosis of Raynaud's disease was generally agreed to, although only one hand was affected. Mr. James Johnstone objected to the case being called Raynaud's disease, because the lesion was not symmetrical. He thought "asymmetrical local asphyxia due to vaso-motor lesion" a better title. Raynaud in his original essays, *On Local Asphyxia and Symmetrical Gangrene of the Extremities*, gave symmetrical syncope, asphyxia and gangrene as the diagnostic symptoms of his disease. Barlow, however, in the appendix to his translation of these essays, says

that several cases of asymmetrical gangrene, arising independently of obvious vascular obstruction, have been recorded in English and American literature.

No suggestions as to treatment were made.

CASE XVII.—*Tonic Spasm of some of the extensor Muscles of both Feet.*

This case was shown by Mr. Knox Shaw. The patient, Hephzibah S., was aged 14 years.

The family history showed a strongly marked neurotic tendency. There was a history of paralysis on both sides and of epilepsy on that of the mother. Three years ago the patient was much frightened by a thunderstorm, after which she had pains in the stomach and vomiting. She was kept in bed for a week and was unable to walk for a month.

Present state: Right foot everted, so that patient stood upon the inner edge. The extensor longus digitorum and peronei muscles were in a state of tonic contraction, the tendons being in relief, and the extensor longus pollicis being normal.

Left foot: The extensor proprius pollicis was contracted.

Patient stood with her right shoulder elevated and her spine curved laterally.

Mr. Knox Shaw said the contraction was evidently a spastic condition due to a lesion of the anterior tibial nerve, but only affecting certain branches, and that it might be benefited by hypnotism, which he suggested should be tried.

Since the consultation, the patient has been treated by suggestion and with some benefit. The contraction of the muscles continued during sleep but to a less degree.

CASE XVIII.—*An Abdominal Tumour for Diagnosis.*

Dr. Edwin A. Neatby also showed this case on Nov. 4th.

Mrs. T., aged 63, married 20 years, never pregnant. The patient came to the hospital June 10th, 1895, when she complained of soreness and smarting pain "back and front" and in the right hypochondrium, which was increased when sitting and decreased when lying, and prevented her walking. She had previously suffered from eczema, which had lately disappeared.

Menstruation ceased at 40. Bladder pains during first part of micturition, she had to wait before she could get relief. Bowels regular but constipated; she had hæmorrhoids but no bleeding. Patient was thin, gray, and losing flesh; her mind was depressed and she slept badly, best towards morning.

One of the external piles was ulcerated. There was a hard movable nodular lump to the right of the umbilicus. The gall-bladder was enlarged, also the liver, especially the left lobe. There was also thickening of the omentum. The treatment has been sulphur, followed by hydrastis, arsenicum and collinsonia.

In December the following note as to the local abdominal condition was made:—"The swelling above-named has slightly changed. The liver seems large and pushed down on the right side, but the left lobe is not so large as before. There is a thickening below the surface of the liver, feeling like a thickened but not distended gall-bladder. The mass to the right of the umbilicus can be manipulated until it is much lower down, and is apparently thickened omentum (malignant). No dilatation of the stomach.

Mr. Knox Shaw diagnosed malignant disease of the liver and gall bladder.

Mr. Dudley Wright was of opinion that there was enlargement of the gall-bladder, and possibly of the liver also. The liver might be pushed down by previous tight lacing, of which he thought the sinking in of the ribs showed evidence. He did not think the tumour so firmly fixed as in carcinoma, but thought the symptoms and conditions very suspicious of malignant disease, and was in favour of the more serious disease. He did not think an abdominal section would do any harm.

Dr. Roberson Day thought the case one of malignant disease of the omentum, as the tumour was so freely movable.

Dr. George Burford in the main agreed with Mr. Dudley Wright. He thought the disease malignant, but could not say of which organ. He did not think it was connected with the kidney. He was not in favour of any operation, as he did not think anything could be gained thereby.

Dr. Epps thought the liver enlarged, as the upper line of dulness was in the usual position.

CASE OF THROMBOSIS OF THE ABDOMINAL AORTA.

By George Black, M.B., Edin. With notes of Autopsy and Remarks, by A. Midgley Cash, M.D.

Mrs. —, æt 63, tall, stout, with florid complexion; fairly active in her habits and of easy circumstance in life. For ten days she had been suffering from an attack of bronchial catarrh, from which, however, she had practically recovered. Râles and rhonchi were gone, and the cough still remaining was so slight as scarcely to attract attention.

Feb. 2nd.—Last night she sat up till 10 o'clock and went to bed apparently in her usual health.

Having slept well she felt refreshed, and getting up earlier than she had done since her indisposition, was putting her slippers and some wraps on to go to the closet, when she called out to the servant, who was doing up the fireside, "Oh! I can't go; my legs are no use."

The servant rang for her husband, and she was assisted to bed, her legs being lifted in after she was seated upon it. Describing the moment when her legs became, as she expressed it, "like pieces of paper," she said, "the agony of it was dreadful."

I was immediately sent for, and on getting to the house found her in bed. She sometimes lay back, but frequently raised herself on her elbows to a semi-sitting posture, and kept saying "Well, what is the matter with me; what has happened?" and so on.

She was perfectly collected, but her manner was exaggerated, and her eyes had an unnatural look about them—a sort of wild, staring expression that haunted one. Her face was bright and cheerful to a degree; her cheeks and lips were rosy, and she frequently smiled.

On enquiring more particularly as to what had happened, she said: "My legs gave way suddenly; they collapsed, and I found I couldn't stand; then they began pricking like pins and needles; I had dreadful cramps in them and I didn't know where to put them, they ached so."

When this occurred she became shaky and tremulous, as if hysterical, and when I reached her bed-side she was bathed in perspiration which felt warm to my hand. She kept constantly mopping her face with her handkerchief, but the perspiration came almost as fast as it was removed.

The heart was in a state of tremulous flutter, and it was impossible to count the beats at the wrist the pulse was so weak and irregular.

She complained of loss of feeling and of aching from the hips down. She felt me, however, when I pinched the thighs and was able to draw the left leg up till the sole of the foot rested upon the bed, and she could also partially draw up the right. The muscles were flabby, the thighs and legs cold, but there was no perceptible discolouration as yet.

Phosph. 200 was given, and the diagnosis left open for the present; the friends being told, however, that it might be due to a block in a blood vessel.

As the day wore on she become very cold, and later in the day her features became pinched; nose, face and hands were very cold, and the same heightened nervous condition that was apparent earlier on was still present. She was perfectly conscious. I now gave her Veratr. alb. 30.

Previous history.—She has been married about 33 years; has had two children, both of whom are dead. After her first confinement she suffered from *phlegmasia alba dolens*, which occurred first in one leg then in the other. She was thirteen weeks confined to her bedroom at this time, and when she left it to come downstairs she was unable to walk and was a year before she could go about as usual.

I have known Mrs. — for upwards of eight years, and attended her professionally once for an attack of phlebitis and twice for a peculiar dry cough of a shrill sound, which occurred at night after she had lain down, and was probably due to irritation of the recurrent laryngeal nerve. It was speedily got rid of by Hyos. 3.

About 9 p.m. I went across for Dr. Cash, who returned to the house with me, and saw Mrs. — twice afterwards. We now found that the deadly coldness had to some extent passed off. The T. was sub-normal; P. so irregular it was impossible to count it; heart's action very irregular and tumultuous.

On examining the legs, they were found to be of a dusky hue, were mottled, and had a patchy, browny-purple look with whitish spaces between, the remainder being dusky. The thighs were less mottled.

The face was bright, cheeks and lips rosy; manner cheerful.

The limbs were wrapped in cotton wool, and Bell. 3x and Phosph. 3x given alternately.

Food had been taken very well during the day.

Feb. 3rd.—On going down this morning I found she had had a fairly good night. The hands, face and chest felt warmer; the thighs and legs were cold, but they appeared to have rather more sensation in them, and she could feel my pinching her the entire length of the thighs. She had experienced a momentary shoot of pain in one of her great toes on someone moving the limb. Her manner was as usual, bright and cheerful.

Immediately she lost the use of her legs urine began to pass involuntarily, and has continued to do so, and now fæces are passing involuntarily as well.

She perspired very freely all night; was dripping; constant mopping of her face went on. No pain complained of. The lower extremities are now uniformly dusky. T. 100.

Evening.—No gain. Appears just to have held her own during the day. Has taken food well.

Feb. 4.—About 2 a.m. she wandered slightly, but this passed off and she got sleep. The friends thought her better. Her manner was as usual, bright and cheerful, but her face and hands were dusky and her pulse was scarcely perceptible.. It was evident she had lost ground, and that the blood was becoming rapidly poisoned, although as yet the intellect was clear. Ars. 3x was given every hour.

At 1.30 p.m. there was no improvement. After remaining some time with her I went home and brought down a cylinder of oxygen gas, which I allowed to pass freely from the cylinder into the mouth for several minutes, but there was no perceptible change effected by it. Venous stagnation was now more apparent than ever; the pupils were widely dilated, cheeks livid, lips cyanosed, but she was still able to swallow very well.

Since morning she has been troubled with frequent cough, and mucous râles are becoming abundant in the bronchial tubes and trachea, necessitating constant efforts at expectoration.

About 4.15 p.m. one of the nurses in attendance reports: "There was violent twitching of the muscles

of the face and head, especially of those nearest the mouth; the mouth itself seemed drawn to the left, and there was great twitching of the eyelids. In the third, fourth and fifth convulsion the lower jaw seemed pulled down with great force, and the twitchings of the face were very violent."

I returned about 4.30 p.m. She was moaning at intervals and breathing heavily, 48 to the minute; there were abundant tracheal râles; she was now comatose; respiration became feebler and feebler and gradually ceased.

Autopsy Report.

Sectio.—22½ hours after death. Body well nourished. There was much cyanosis of the surface, and patches of plugged veins here and there. Rigor mortis well marked. Deep hypostatic congestion, chiefly marked over lumbar and lower dorsal regions. There was a great deposit of fat, which was found to be from 1 to 1½ inches deep, on the abdominal walls. On opening the abdomen it was seen that the stomach and intestines were distended with gas to such an extent as to have pushed up the heart high into the left side of the chest. The aorta was tied above the heart and then cut through and the heart removed. There was a heavy deposit of fat on the heart's surface; the walls were thin and friable, tearing almost on touch, and in some parts thinned to little more than a film of muscle substance covered with over-lying fat. This was most marked in the right ventricle. All the cavities were much dilated; the right auricle was enormous, and the ventricle like a flabby bag. The tricuspid valve admitted four fingers and a thumb. The aortic valve was competent, or nearly so. The inner surface of all the chambers was pale brown. The tendinous cords were lengthened, and the columnæ carneæ ruptured easily.

The abdominal viscera were turned aside, and the abdominal aorta was then felt, and seen lying like a rope along the spinal column, its cavity distended as by some firm substance. It was dissected out and removed down to the divisions of the external and internal iliac vessels.

When opened, its cavity was found to be occupied and distended by a *firm black clot*, which extended upwards

for 6 inches from the bifurcation of the vessel, and downwards through the common iliac vessels and in a lesser degree into the external and internal iliacs. This clot completely blocked up the aorta, cutting off all circulation to the lower limbs. It was in parts pretty firmly adherent to the internal surface of the vessel. Patches of atheroma and osseous patches were found along the aorta—pieces of ossification which felt like layers and spicula of shell, and could be cracked within the walls of the vessel. One large plate was found just at the bifurcation.

A general condition of thrombosis was marked throughout the veins, specially of the abdomen, those of the kidneys being conspicuous in this respect. The lungs were full of dark frothy blood, and crepitated on pressure. The right kidney was small, heavily loaded over its surface with fat. Internally it was fatty, and its cortical substance pale and flabby.

The intestines showed purple patches here and there, probably of a thrombotic nature.

Remarks.—The interest of this case lies chiefly in the fact of the sudden entire blocking of so large a vessel as the abdominal aorta, quite apart from an embolus, of which there was no question. The weak heart could have propelled the blood only in a very languid stream, besides which we have the roughened atheromatous patches as a further reason for coagulation and formation of thrombus. This formation, which is likely to occur at the division of vessels, may have been in process for some time in this case, a certain gradually decreasing portion of the aorta remaining clear for the blood to pass to the lower limbs. Possibly some movement on the part of the patient, as in stooping or otherwise, may have so changed the position of the clot that a complete block suddenly took place in the vessel where the striking appearances rapidly developed which were noted during life. The heart walls were thinned and enfeebled to a remarkable degree, so that it seemed they could not have supported any but the gentlest pressure from the blood within the chambers without a rupture taking place. In fact, considering their great attenuation and extreme degeneration of structure, it seems marvellous that the patient could have lived on from day to day, taking exercise and following her general occupation.

CASE OF ACUTE ATROPHY OF LIVER.*

By Thos. D. Nicholson, M.D.

Mrs. C., æt 28, has been a patient occasionally for several years, and has suffered from anæmia and functional cardiac disease. She has had several attacks of influenza. In 1894 this was followed by pleurisy, and in 1895 was complicated by broncho-pneumonia, with high and prolonged temperature, when I almost despaired of her recovery. She had her first child two years ago. She had frequently suffered from liver troubles, and had a fall from a carriage some years ago.

On 24th March I was sent for, and found her 8½ months pregnant, very weak and prostrate, and complaining of sickness and occasional bilious vomiting and great pain in head and round the body, particularly hypochondria and scapulæ. P. quick. The symptoms increased, and the patient found it impossible to retain any food. On 29th March labour began, and was safely accomplished in about two hours with very little hæmorrhage. On the following day patient rallied, and took some food, and the pains gradually diminished. This improvement was short lived, for within a week the pains returned in the hypochondria and were accompanied by very rapid pulse, temp. 101°F., almost constant nausea, occasional bilious vomiting, constipation and dark stools. The patient improved again under treatment by turpentine stupes, chelidonium, iris and podophyllin. For a week after this considerable nourishment was taken. Then fresh symptoms appeared—wakefulness at night, great excitement at times, and restlessness. Once or twice she sprang out of bed and wished to get out of the window, but this extreme condition was of short duration. She was very irritable with the nurse, and could not bear her husband in the room, though usually very affectionate with him. Hyoscyamine appeared to quiet this maniacal outburst. Later, the mental excitement was followed by drowsiness for some days. At the end of April she loathed food again, her mouth and tongue were sore and intensely dry, and it became necessary to give nutrient enemata. She sank quietly on 3rd May,

* Read at a meeting of the Western Counties Therapeutic Society, held in Clifton, December 16th, 1896.

in the sixth week of her illness, after frequent bilious vomiting.

On the following day, with the assistance of my colleague, Dr. Bodman, I made a post mortem examination. There was a deep tinge of bile along the lower edge of stomach and liver. Stomach normal. Liver small, pale, yellow, very soft, tearing easily, and almost the consistency of suet pudding—very anæmic. Spleen large. Kidneys and uterus normal. The liver did not stain with iodine like a waxy liver. I sent a specimen to the Clinical Research Association for pathological examination, but unfortunately it was spoiled in transit.

Remarks.—I make no apology for bringing this case before my colleagues, on account of the great rarity of this disease, though I must apologise for some imperfections in the record. In some respects it was a typical case of acute atrophy, but in others it differed greatly from those recorded by Thierfelder in Ziemssen's *Cyclopædia*. In 88 cases he records, 30 were found in pregnant women, and he puts down gravidity as the only predisposing factor certainly known. As it occurs at all ages and in both sexes, the cause must be sought elsewhere, and is probably a sporadic micro-organism, as it occurs during epidemics of icterus. Lately Boiret and Boy-Teissier have discovered in the blood during life, and successfully cultivated a diplo-coccus, which they consider characteristic of the disease. The prominent symptoms in this case were—

1. Painfulness in hepatic region.
2. Frequent bilious vomiting and anorexia, and bilious stools.
3. Fever, quick weak pulse, and great thirst.
4. Nervous symptoms: Violent headache, insomnia, alternating with somnolence and apathy, restlessness, irritable temper, delirium, sometimes raging, with attempts to escape. Dilated pupils.
5. Greatly impaired nutrition.
6. Reduction in size of liver.

The symptoms of jaundice and hæmorrhages were absent in this case (and on this account you may be inclined to dispute the diagnosis); also the fever usually present only in first stage recurred during the third week after the amendment following labour, and the pulse continued very rapid throughout the illness.

Though I examined the hepatic region frequently, I could never make out any change in line of percussion dulness, partly from tenderness of hypochondria and partly from muscular spasm on palpation; hence I was surprised on opening the cadaver to see the great diminution of the organ. The absence of hæmorrhages may have been due to the extreme anæmia of the patient. The absence of icterus is uncommon, but cures are related by Bamberger and Liebermeister, and a slight degree of yellowness in the face might pass unnoticed in a woman of a pale anæmic yellow complexion. The jaundice on the liver was well marked. The recurrence of fever may be explained by a recrudescence of the disease after the temporary relief consequent on the labour.

The symptoms on the whole point to a general infection or toxæmia in a person of low vitality and impaired nutrition, and the condition of the liver is approximately found in such diseases as typhoid fever, yellow fever, and pyæmia. The only drugs of similar action are phosphorus and alcohol.

The therapeutics of acute atrophy are at present not interesting, as the disease is almost uniformly fatal, but phosphorus should be tried when the atrophy is diagnosed and hæmorrhages occur.

Clifton.

THE OPHTHALMIC THERAPEUTICS.*

By A. B. Norton, M.D.

Surgeon to the Ophthalmic Hospital, New York, U.S.A.

In this year, when all the loyal followers of the illustrious Hahnemann are celebrating the promulgation, one hundred years ago, of that great law of medicine which we all believe in; and at this time, immediately following the great medical conference held in Detroit, whose object was "To re-examine the law of similars in the light of modern science and medicine," it seems to me eminently proper that the department of medicine in which I am labouring should have a hearing as to its therapeutic needs.

When, in 1796, that great medical reformer, Samuel Hahnemann, published his *Essay on a New Principle for*

* Presented to the International Homœopathic Congress, London, 1896.

Ascertaining the Curative Power of Drugs, even ophthalmology, the first-born of the specialities of medicine, was not yet dreamed of.

It was not until the invention of the ophthalmoscope in 1851, by Helmholtz, that the hitherto hidden mysteries of the interior of the eye were revealed to the eye of the observer, and with this great discovery was inaugurated the era of specialism in medicine.

It was therefore impossible, during the first fifty-five years of homœopathy, to follow out *scientifically* one of the first principles of our school, *i.e.*, the determining of the action of drugs upon the healthy human organism, in so far as those drugs acted upon the most delicate structures forming the interior of the eye.

The discovery of the ophthalmoscope, which was the stepping-stone to our present day knowledge of the eye, and which has done more towards the preservation and restoration of sight than any one other discovery either before or since, has given to the members of our school one of its strongest weapons for the demonstration of its law of cure.

The question now arises, How have we, as a school, used the opportunity offered by the discovery of the ophthalmoscope to unequivocally demonstrate the law of similars?

The answer to this question must be an acknowlegment of neglect of the opportunities offered to us. In the proving of drugs we have, by means of the ophthalmoscope, a method of *positively* determining their action upon the optic nerve, retina, choroid, vitreous, and lens of the eye; and, knowing as we do the intimate relation existing between the eye and the brain we, by examination of the eye, can draw more positive deductions as to the actions of drugs upon the brain than by any other method. At the same time, by noting the action of drugs upon that vascular structure, the choroid, we can, by analogy, draw more positive conclusions of their action upon other similar members.

In the eye we have, by means of the ophthalmoscope, exposed to our view the optic nerve with its terminal expansion the retina; where else can we so positively note, even to the slightest changes, the action of drugs upon nerve tissue?

Of all our special senses which aid us in determining the objective symptoms produced in the prover, none are so convincing as that of our sight. To be sure the ear can be trained to detect even the slightest changes in the heart and lungs, so also the sense of touch and smell are valuable aids which should be employed together with all other methods for determining as positively as possible the action of drugs; but I think that we must all admit that the most positive evidence of all is that of our sight, and in the prover's eye the oculist can *see* the effects produced by the drugs upon this organ.

In the ophthalmoscopic and other examinations by competent oculists of the eyes of provers before, during and after the proving we have positive methods of eliciting valuable objective symptoms and of verifying many of their subjective symptoms. Unfortunately, however, this scientific method of determining the action of drugs upon the eye, one of our most important, delicate, and valuable organs, has not, with but one or two exceptions, ever been carried out.

In a cursory examination of our Materia Medica, I find hundreds of our drugs giving the symptoms of dimness of vision; a most important and useful subjective symptom if corroborated or verified by objective symptoms *indicating the cause* of the dimness of vision, but, as it is, *perfectly useless* to the student in search for the true simillimum. This statement may upon first thought seem too strong and uncalled for, but when we stop to think that there may be almost as many different diseases of the eye causing dimness of vision as there are drugs having this symptom, how are we to determine which of these hundreds of medicines is the true similar to the case in hand?

If in the original provings of these drugs the eye of the prover had been carefully examined by an oculist, we would have found one drug producing congestion of the optic nerve or retina, another opacity of the vitreous, lens or cornea, another paresis or spasm of the accommodation, &c., then we could have associated the dimness of vision of gelsemium or perhaps belladonna, or nux vomica with a retinitis. That of causticum with opacity of the lens, of the kalis with that of the vitreous or cornea, and in this way we could not only have posi-

tive proof of our law, but a much more valuable aid in the selection of the remedies for various diseases.

That this scientific observation of the provers' eyes has not been generally followed out, I am convinced, as I can recall but one drug in which such examinations were made, and in that one instance it yielded such nice results that we have to-day in duboisia one of our most positive and valuable remedies in retinitis.

Many of our more recent provings have been made in such a thorough manner that we have acquired most valuable data as to their action upon the kidneys, heart, lungs and other special departments, but even in these the eyes have been sadly neglected.

I have before urged upon the profession the importance to the ophthalmologist of such examinations, and I would reiterate this necessity, and plead for such observations in all future provings.

The examinations should show the state of the refraction both with and without a mydriatic, the range of the accommodation, the condition of the extrinsic muscles of the eye, the field of vision and colour sense, the tension, the condition of all the coats of the eye, etc. These records should be made before, after, and at frequent intervals during the proving.

There is no excuse for this neglect, as competent oculists can readily be found who will willingly give their time and services to such a cause.

It is far from my intention to decry in this paper the value or scope of our present therapeutics of the eye, because I know that, imperfect as they are, we are far in advance of our old school friends. The homœopathic therapeutics of the eye have been worked out and made from the clinical experience of the various oculists of our school. I say worked out, because our symptomatology has been the result of long and earnest work by men who have delved into our general provings, noting the subjective symptoms of the eye, and applied them to the different diseases watching carefully the results.

Much of this has been done by studying thoroughly the general constitutional symptoms of the drug, with the knowledge that many diseases of the eye are dependent upon, or are an index of, some general constitutional disease or dyscrasia.

It is impossible to ignore the general condition of our

patient and prescribe upon the eye symptoms alone, and hence the thoroughly equipped specialist must have had an experience with and a knowledge of general medicine.

In an address upon Ophthalmic Therapeutics before the World's Homœopathic Congress held in Chicago in 1893, Dr. F. Park Lewis presented a comparison, from which we will briefly quote, of the therapeutic resources of the two schools as taken from the most recent text-books, *Noyes's Diseases of the Eye* and the *Ophthalmic Diseases and Therapeutics*. He says, in speaking of the former old school authority: "The purely therapeutic resources, as therein outlined, comprise forty-three remedies, almost all of which are prescribed upon the most general principles, and where specific indications are given, they are most meagre in contrast with our methods of careful individualization."

"In contrast with this way, I will simply call attention to the detailed and specific symptomatology of the one hundred and forty remedies mentioned in the latest and best homœopathic treatise."

The doctor further says of the homœopathic therapeutics: "It is not a compilation of theoretical and empirical indications, but is made up of thoroughly trustworthy and, for the most part, *verified* indications. Experience has demonstrated them to be reliable guides for the choice of the remedy."

Dr. Lewis' whole address was such a clear, comprehensive, and forcible exposition of the ophthalmic therapeutics of to-day, every word of which I most heartily endorse, that knowing it could not better be presented I have intentionally confined my paper to a plea for a more thorough scientific ophthalmic therapeutics for the future; and this, in my opinion, depends solely upon the careful examination of the eye during provings.

ON CENTRAL HOSPITAL CONTROL.

The appointment of a General Committee to promote the constitution of a Central Board for the guidance of the hospitals of London may be regarded as advancing the project to centralise hospital authority at least one step. Whether that step is one in the direction of success remains to be seen. Lord Sandhurst, soon after the issue of the Report of the Committee of the House of

Lords, himself convened a committee for the purpose. But the committee could not agree, and became ultimately open to the observation that evidently they did not desire that a Central Board should be formed. Several efforts have since been made to secure the support of practical hospital administrators. Later, the Hospitals Association, largely composed, we believe, of hospital managers and officials, was called together to consider a resolution committing them to approval of the idea; but the resolution could not be carried. There yet remained a powerful body to whom an appeal might be made—a body peculiarly likely to be impressed by many of the statements and arguments upon which the need of a central power is based—the medical profession. The profession, perhaps, does not offer the shortest cut to the desired object; because, influential as they deservedly are, there are many considerations which might lead the subscribing public to prefer that the final control in the actual administration of hospitals should be essentially a lay one. Neither does it offer the road least encumbered with conflicting ideas and interests, nor the one most likely to favour an ideal harmony. But it seems at least practical, so far as the initial agreement is concerned. The result has justified the sagacity which suggested the expedient. The General Committee, very largely representative of the medical profession, has been formed. That they will certainly agree as to the institution of a Central Board may be taken for granted. And, therefore—the active lay authorities of hospitals not appearing too keen to carry out a scheme which does not seem to have originated with them—the medical profession may be said to have the business in hand, and thus far the project has advanced one step.

What will the next step be, and in what direction will it tend? The Central Board will no doubt be formed, with or without the assent of the various organisations it is to be designed to control—or shall I say influence. The hospitals will be invited to send up one, or two, representatives to a large body of members whose deliberations they do not seem to yearn for, and whom they have not called into being. They may accept the invitation or they may not. Probably some will send their elect and some will refrain. And so the Central

Board, proving at the outset that it can represent at least a part of the hospital world, will set to work to influence the whole.

It will be gathered that the new scheme does not seem to offer very much promise of success or of a harmonious or benign influence on the various committees of management, without whose cordial concurrence it is difficult to see what can be accomplished. The scheme of organising into a central organisation a number of existing organisations, self-supporting, self-contained and self-governed is, in fact, by no means so simple as it may appear. It is a question whether the postulate that centralisation is in itself an advantage can be a legitimate assumption from the centralising powers we already know. That, however, has been assumed to the satisfaction of the promoters of the scheme. But the idea of centralisation, like the idea of representation, may be carried too far. You may have representation of what ought not, or cannot, be represented. You may attempt to centralise what in its nature is individual. But while there is no objection to a Central Board, if it be indeed practicable, certainly nothing but the hearty co-operation of the existing administrations of hospitals can give such a body a reasonable hope of success. If those administrations demand it they can easily form it for themselves. If they do not desire it, the attempt to force it upon them by medical pressure seems not likely to prove too successful.

And all this leaves out of sight the one essential feature of the whole matter. The hospitals of London are, with very few exceptions—and those few exceptions the least likely to submit to the influence of an outside authority—maintained by voluntary donations. The donors form, in legal terminology, a society. They have the right to direct the expenditure of the funds they contribute. In the exercise of this right they formulate laws for the governance of the charity they maintain. They appoint, from their own body, representatives to manage its affairs under the guidance of the laws they have passed, and they require an annual account of the stewardship. It is difficult to imagine that the General Committee will find it possible to constitute a Central Board which can

possess sufficient authority or power to exert a wide practical influence over so many, so varied, and such powerful individual organisations. Dr. LAUDER BRUNTON is undoubtedly right in his opinion, that "to insure the success of any such scheme it is obvious that it must meet with the hearty co-operation of the officials, both lay and medical, of the hospitals, more especially of the large ones. . . . Such a scheme, to be practically workable, must meet, not with mere absence of opposition, but with hearty co-operation. . . . I feel sure that no scheme will succeed which does not meet with the hearty approbation of those who are devoting their time and energies to the alleviation or cure of disease, either directly by the treatment of patients or indirectly by hospital management."

B. Q.

REVIEWS.

Transactions of the International Homœopathic Congress Held in London, August, 1896. London: Adlard & Son, Bartholomew Close, E.C. 1896.

PRELIMINARY NOTICE.

BY this time the *Transactions* of the recent International Congress should be in the hands of all the members of the August meeting. As we understand that but few subscribers have ordered their copies from the printers, a notice of the contents of the work may be of interest and also of use in showing how well worth the small investment the *Transactions* are. Commencing with a list of officers and members, the volume next contains a short preface by the Permanent Secretary, Dr. Hughes. In this is explained a peculiarity, which soon becomes evident on inspecting the volume—the fact that it is paged in three or four separate sections. We are also told that a series of plates alluded to in the text of Dr. Wood's paper are absent—an absence which we greatly regret; nor can we think the reasons given for their non-appearance are adequate to justify their exclusion. After the list of contents comes the section, "Minutes of the Meetings." In this section the order of meetings, and the discussions on the various papers, occupies about 200 pages. Dr. Pope's presidential address, which has already appeared in this *Review*, comes next, and is paged separately. This is followed by 113 pages of "Reports of the History of Homœopathy, 1891-1896, and its present state in the several countries of the world." Three hundred and twenty pages are devoted to the papers which were

"taken as read" at the Congress—a body of essays which are of the utmost value, though of varying merit; we hope to dwell on them in some detail in our next issue. They are important from their imposing bulk, and still more so on account of the interest and character of them; next follows the appendix, which contains Dr. Brasol's Memoir of the Life of Hahnemann—together with a copy of his will—a memoir full of interest all through. The appendix is paged consecutively with the previous section.

The volume is got up in the usual style of these publications, and reflects great credit on the industry and promptitude of the Editor. We hope our readers will promptly show their appreciation of Dr. Hughes' services to the Congress in having edited this mass of matter, and presented it in a manner so easily accessible.

Herbal Simples Approved for Modern Uses of Cure. By W. P. Fernie, M.D., author of Botanical Outlines, &c. Second Edition. Bristol: John Wright & Co. London: Simpkin & Co. 1897.

It is so short a time since the first edition of Dr. Fernie's book appeared, that we are sure the pleasure we felt in looking over it has been experienced by many others. The present edition is one-third larger than the first, and includes about fifty new herbal simples. The whole work is a most delightful collection of old medical lore, much of which may be utilised with advantage at the present. The amount of homely, but oftentimes valuable and important, information conveyed in these pages is rendered easy of comprehension and retention by the simple and pleasant manner in which the information is conveyed. The amount of reading in many tongues which the learned author must have done is extraordinary. His quotations go back to hundreds of years B.C., and are culled from all kinds of writings from nursery rhymes to Shakespeare and Virgil. An index of diseases and their remedies closes the work.

Elementary Bandaging and Surgical Dressing, with Directions concerning the Immediate Treatment of Cases of Emergency. For the use of Dressers and Nurses. By Walter Pye, F.R.C.S., late Surgeon to St. Mary's Hospital. Revised and in part re-written by G. Bellingham Smith, F.R.C.S. Surgical Registrar, Guy's Hospital. Seventh Edition. Bristol: John Wright & Co. 1896.

Mr. Pye's *Elementary Bandaging* is too well known to require much commendation from us. Its title well indicates the

nature of its contents. Besides being "up to date" it is a sound and sensible little treatise. Amongst instances of this are the descriptions of the use of the triangular bandages, elucidated by illustrations. The author's remarks on venous bleeding, though not novel, are noteworthy. "In some books, especially in those which are written to gratify the taste of the outside public for amateur or domestic surgery, we may still read that venous bleeding occurs only from the distal end of the cut vessel, and therefore the proper thing to do in the case of a cut vein, is to put a pad somewhere below the wound. Such directions are wholly misleading. For ordinary venous bleeding the first thing necessary is to see that there is nothing hindering the return of the blood to the heart; the second to remember that almost all venous bleeding will cease on raising the limb; and the third to remember that pressure will always effectually stop the flow of blood if it be applied to the wound itself."

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fifth meeting of the session was held at the London Homœopathic Hospital on Thursday evening, February 4th, Dr. Madden, President, in the chair.

The following specimens were shown:—

1. Uterus removed by vaginal hysterectomy for malignant disease (Dr. Burford).
2. Large pyosalpinx, containing about a pint of pus. (Dr. Burford).
3. Carcinoma of pylorus, for which gastro-jejunostomy had been performed. To illustrate his paper (Mr. Knox Shaw).
4. Carcinoma of upper three inches of rectum removed by Kraske's operation. (Mr. Dudley Wright).
5. Calculus removed by Litholapaxy (Mr. Dudley Wright).
6. Malignant tumour of thyroid, removed by operation (Mr. Dudley Wright).

Section of Surgery and Gynæcology.

Demonstration of Widal's Sedimentation Serum Test in the diagnosis of Typhoid Fever, Diphtheria, &c.

Mr. Johnstone, who gave the demonstration, stated that it had been observed that when typhoid bacilli (Eberth's) was brought into contact with the serum of a typhoid patient they lost their movement and becoming massed together fell to the bottom of the vessel. Widal has elaborated this into a test. Mr. Johnstone said that the phenomena might

be demonstrated by the microscope by taking a drop or two of an emulsion of typhoid bacilli and placing it on a glass slide. The bacilli would be seen to be mobile and homogeneously distributed through the field. If a drop of serum taken from the blood of a patient suffering from typhoid is now added to this, in a short time movement ceases, the cells become massed. It might be demonstrated by the sedimentation tubes. Here the emulsion is introduced into a small glass pipette; and to this the suspected typhoid blood serum is added. If typhoid be present the bacilli will have fallen to the bottom of the capillary tube in dense masses. Tubes prepared from two typhoid patients in Vaughan Morgan Ward in the London Homœopathic Hospital were shown. Mr. Johnstone also showed the test performed with cholera serum.

Mr. Lestock Reid read a paper on *Hospital Treatment of Uterine Hæmorrhage.* He had endeavoured to satisfy himself whether a strict confinement to the homœopathic rule in prescribing gave as good results in certain classes of cases as the routine drug treatment of orthodoxy offered. In particular he referred to the treatment of uterine hæmorrhage with ergot. To this end he had compared a number of consecutive cases treated in the out-patient gynæcological department of one of the large London hospitals with a series in the London Homœopathic Hospital. At the allopathic hospital, out of 300 cases 36 came for uterine hæmorrhage, 17 of these were traced with the result that one case was cured; three cases were much improved; seven were improved and six not improved. In 250 cases at the Homœopathic Hospital 16 cases of uterine hæmorrhage could be followed up with the result that one was cured, four much improved, seven improved, and four not improved. He entered into more detail as to the kind of cases and came to the conclusion that whatever allopathy can do with ergot and Epsom salts, that homœopathy can do equally well, if not better, with the indicated drug.

In the discussion that followed, Dr. Madden, Dr. Hughes, Dr. Neatby, Dr. Burford, Dr. Vincent Green and Mr. Lestock Reid took part.

Mr. Knox Shaw then read a paper entitled *Lessons to be Learnt from Two Fatal Cases of Gastro-jejunostomy* He first discussed the class of cases in which this operation was permissible, and then cited two cases, one a young man aged 27, who was operated on in 1891 for malignant disease of the pylorus. He was in a very emaciated condition, and died the following day from shock. The second case was a man, aged 40, who was operated on in December, 1896, for pyloric carcinoma, but died four days

after the operation with regurgitation of intestinal contents into the stomach. Both patients had been previously under the care of Dr. Galley Blackley. The steps of the operation in each case were described. He considered next the effects of prolonged dilatation of the stomach upon the muscular and glandular structures, and said it was evident that if any good is to be done by operation it must be done before dilatation is permanently induced. He thought this was primarily a question for the physicians. He concluded with a brief *résumé* of the various methods advanced for the performance of the operation.

Dr. Blackley, Dr. Goldsbrough and Mr. Dudley Wright, took part in the discussion.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

GREAT ORMOND STREET, W.C.

Post-Graduate Course.

IN our January number we gave a preliminary notice of the Lecture Demonstrations arranged in connection with the London Homœopathic Hospital. We reprint by request the list of the subjects and lecturers:—

During the summer session, in the months of May, June and July, a daily series of special courses will be given by the undermentioned members of the staff:—

Dr. Dudgeon.—On the Pulse and Sphygmograph.

Dr. Blackley.—On Hæmatology.

Dr. Moir.—On Diseases of the Heart and Kidneys.

Dr. Roberson Day.—On Pediatrics and Anæsthetic Administration.

Dr. Washington Epps.—On Dermatology.

Dr. Goldsbrough.—On Neurology.

Drs. Burford and Edwin A. Neatby.—On Practical Gynæcology.

Mr. Knox Shaw.—Ophthalmology and special surgical subjects.

Mr. Dudley Wright.—Otology, Laryngology and special surgical subjects.

Mr. James Johnstone.—On Pathology and Bacteriology.

Mr. Gerard Smith.—On Orthopædic Surgery.

Entries for the whole or any of the above courses to be made to the Secretaries by early applications.

Sessional fee, three guineas.

Hon. Secretaries { Dr. George Burford.
Mr. Dudley Wright.

SKATING FÊTE AT KNIGHTSBRIDGE.

A VERY successful fête was organised by the Hon. Algernon Grosvenor, in aid of the Building Fund of the London Homœopathic Hospital. It took place on Wednesday, February 17th, at the Prince's Skating Club, and among those who honoured it by their presence were T. R. H. the Prince of Wales and the Princess Mary of Teck; the Duke and Duchess of Devonshire, the Marchioness of Lansdown, and the Earl and Countess of Dudley. The Royal party was received by the Earl of Wemyss and March, the President of the hospital, the Viscount Emlyn (Treasurer), Mr. Stilwell (Chairman), the Honourable Algernon Grosvenor (Member of the Board), and Dr. Galley Blackley (Senior Physician).

The skating was throughout exceedingly graceful, and presented a very bright and charming spectacle to the large number assembled; the red costumes of the ladies contrasted prettily with the black of their partners, and the solos of Herr Grenander (the champion amateur Swedish skater) evoked loud applause. The skating was accompanied almost throughout by the Blue Viennese Band, and refreshments were provided in the corridor.

Mr. Algernon Grosvenor was indefatigable, and has amply earned the gratitude both of the hospital and of all those who were fortunate enough to be present on Wednesday evening.

CROYDON HOMŒOPATHIC DISPENSARY REPORT FOR 1896.

THE Dispensary was open as usual four mornings in the week. The number of patients under treatment during the year was 1,524; the number of attendances being 4,381.

DR. TALBOT OF BOSTON, U.S.A.

THE following report of Dr. Talbot's renewal of health, which appears in the *New England Medical Gazette* for January, but was only received by us on the 18th of February, will be read, we are sure, with much gratification by his many friends in England.

"A much regretted absence from homœopathic Boston, and the duties and interests of American homœopathy everywhere, is that of Dr. Isidor Tisdale Talbot, than whom American homœopathy has no more valued leader. Dr. Talbot's ill-health, resultant on his too arduous and manifold labours, necessitated his departure in mid-autumn for a gentler climate, and the opportunity for rest, one seeks in vain in our strenuous and compelling atmosphere. His absence brings eloquent testimony to the inestimable value of his presence, for in college, society and every other homœopathic interest,

his counsels are sadly missed. A personal letter recently received bears encouraging assurance of Dr. Talbot's marked gain in health from even the brief period of rest he has enjoyed. 'Picture me,' the pleasant letter runs, 'at my window with a beautiful garden, of wide extent below, filled with palms and oriental shrubs, with pomegranate and arbutilon in full bloom, and the rich climbing flowering roses as with us in June. Far below stretches out the city, new and old, of Algiers; the new with its elegant French quarter and Boulevards, the old, with its red roofed Moorish residences, its narrow streets, its mosques and kiosks; then the lovely bay, blue and still, with its curved beaches lapped with snow white waves, the nearer mountains deep brown, clothed in luxuriant vegetation, the far off mountains of the moon with their summits capped with snow.'"

"From such a rose scented paradise of *dolce far niente*, Dr. Talbot sends greetings characteristically cordial and felicitous in phrase to those rare good fellows, his *confrères* in homœopathy's working world, which greetings are assuredly returned in kind and with the heartfelt hope that the return of the more clement season will bring Dr. Talbot again to our midst with health at its own robust level."

We heartily congratulate our old friend on the restoration of health that is in progress. We hope that in deference to the wishes of, we are sure, all his friends and colleagues, he will not permit his anxiety to be again at work to lead him to rejoin them before his health has been thoroughly regained, and before he has been, by gradual changes of climate in returning from the warm, dry and genial atmosphere in which he is spending the winter, conditioned, as they say of horses, to face, without injury, the bleak, damp climate of Eastern Massachusetts. If he will give us here in England the pleasure of seeing him *en route*, he may rest assured of a hearty welcome from all of us, while a look over the new hospital in Great Ormond Street, would, we are confident, do him great good.

THE PRINCE OF WALES' FUND.

The Prince of Wales has initiated a scheme for commemorating the sixtieth year of the Queen's reign by providing a sufficient and reliable income for the hospitals of the Metropolis. Statistics indicate that of the population which is able to give to the support of hospitals only about one tenth actually do so. The Prince's suggestion is that a small annual contribution from each household of the remaining nine-tenths to a central fund, which should be shared by all the hospitals, would remove the disgrace of our many pecuniarily crippled institutions. We wish the scheme every success.

HAHNEMANN'S GRAVE.

Dr. François Cartier, the secretary of the International Committee appointed at the 1896 Congress to attend to the requirements of the long-neglected spot where the remains of Hahnemann were interred in 1843, in the cemetery of Montmartre, in Paris, writing in the *Revue Homœopathique Française* (January) says:—"It is my duty to keep our readers, and all homœopaths, warm admirers of the master, informed of the steps we, Dr. Boyer, Dr. Parenteau and myself, together with the heirs of Hahnemann, have taken, and which we continue to take with reference to improving the condition of his grave. Unfortunately, the negotiations are very protracted—far too much so indeed. Since the month of October, illness has interfered with them; then, we have been asked to draw up an official request to Madame Boenninghausen, senr. This has been done and presented.

"We are awaiting the reply to this, and I hope that in the February number of our journal we shall be able to announce the precise results of our work."

THE RAPID CURE OF GONORRHŒA.

Valentine (New York), writes concerning urethral irrigations of permanganate of potash as a means of aborting specific urethritis. He states that physicians must contend with the rather firmly-rooted superstition that the abortion of gonorrhœa is productive of stricture and other consequences. This may apply when attempts are made with escharotics, as silver nitrate; but their futility causes them soon to be discarded, to be evoked again when desperation at ill-success drives physicians and patients to any method which may be advanced.

Large irrigations with permanganate of potash, varied to meet the varying bacteriological indications, offer none of the discomforts, none of the sequelæ, which attend either too active treatment or neglect of treatment when it would prove most valuable. It is waiting that has caused authors to write down six weeks as the duration of an uncomplicated clap; but worse than this it allows infinite multiplication of the gonococci. It is this waiting that causes the majority of chronic urethrites, of strictures and other local disturbances, all equally fraught with danger to the patient's physical and mental welfare.

But we have a means of rendering the urinary mucous membrane a poor culture-medium for gonococci. This is in very copious irrigations by carefully graded hydrostatic pressure. The author uses potassic permanganate in acute

cases and the same drug alone or with corrosive sublimate in chronic cases. Goldberg believes that potassic permanganate, when so employed, exerts direct gonococcocidal action. There remains the mechanical view—that the large, heavy pressure of water alone suffices to produce the artificial œdema in which gonococci cannot live.

1. *Time for First Irrigation.*—When the microscope shows gonococci, irrigations should be begun at once. The strength of these irrigations, and whether they should be made only urethral or intra-vesical, must be governed by the conditions found.

2. *Strength, Frequency and Place of Irrigation.*—The strength of the solution should vary from 1 : 500 to 1 : 4000, and should be used once or twice daily.

3. *Concomitants of Gonorrhœa.*—It is self-evident that any condition, such as stricture, papillary hypertrophy, epithelial denudations, etc., existing from previous gonorrhœa, must be cured before a recovery from acute or chronic urethritis can be expected.

4. *Abatement of pain.*—Pain on urinating is entirely arrested by the first irrigation, or so modified as to make it quite tolerable.

5. *Arrest of Flow.*—The discharge is at once stopped, or so diminished that bandages or other protections for the garments become entirely unnecessary.

6. *Drugs Internally.*—No hand injections or drugs by the mouth are given. The only exception hereto is a constipated patient, for whom cascara sagrada is prescribed.

7. *No Catheter* is used for urethral or intra-vesical irrigations, as it is sure to cover some part of the genito-urinary tract which may contain many foci of infection.

8. *Protecting Meatus.*—It is well to keep the meatus covered with absorbent cotton soaked in corrosive sublimate solution 1 : 6000.

9. *The Complications and Sequelæ* of previous gonorrhœas do not contra-indicate irrigations.—*Hahnemannian Monthly.*

COCAINE DEBAUCHERY.

Few people, even in the profession of medicine, know much about the cocaine habit, and to what extent it prevails in the lower walks of life in the large cities, writes Dr. E. R. Waterhouse in the *Eclectic Medical Journal.* The recent exposure of a "cocaine joint" disguised as a drug store in the business part of the city (St. Louis) has made public that which had been known only to a few. The patronage was largely from the lower class of fallen women, men seldom using this narcotic,

This store had very well stocked shelves, but seldom was anything sold except cocaine; this was put up in packages which sold at a dime. The cocaine fiend was admitted into a dark back room, and taking a seat, snuffed the powdered drug into the nose. A sort of dreamy intoxication followed. When they regained consciousness, should they desire more of the drug, they touched the bell, and in came the clerk with another dose, or if satisfied, they stole quietly out the back door into the alley.

The effect of using the drug so strong is to paralyse the vaso-motor nerves of the nose, and as a result the blood vessels dilate and the worst form of "rum nose" is seen. One poor unfortunate has a nose nearly as large as a man's fist, as red as erysipelas, and as sore as a boil, with large nasty ulcers extending down the upper lip. The grip that the drug gets upon the poor victim is far greater than from opium or morphine, and the downward road is travelled faster.

The crowd which filled this man's coffers began coming as early as 9 o'clock in the evening, and at 2 or 3 o'clock in the night his room was full. Some would recover in a few hours and go their way, while others would lie in a stupor for half the following day. A few days ago the proprietor of this den was placed under arrest, under the law regulating the sale of poisons, but has his place still at full blast.

Hundreds of people buy this drug and snuff it at home, and some law should be passed to meet this new state of affairs. I have treated two cases of this habit, and find it very difficult to handle. The poor victim, when once under its charms, will hypothecate anything he may own or be able to steal to get cocaine, and in this way unscrupulous druggists reap an increasing benefit.—*New York Medical Times.*

ACTION OF CHRYSAROBIN AND CHRYSOPHANIC ACID.

Walter G. Smith has experimented on the difference of chrysarobin and chrysophanic acid on psoriasis as follows:—The case was one of symmetrical eruption of small discoid scaly patches on arms, legs, etc. The right half of the body and right limbs were treated with chrysophanic acid ointment, and left with chrysarobin ointment. In two days the right side was stained bright yellow. In four days chrysarobin erythema was well marked on the left side and much irritation ensued, so that the ointment was applied less frequently; but the strength of the chrysophanic ointment (on the right) was doubled. On the ninth day of treatment the result was as follows:—On the left the scaly patches had nearly disappeared; the hair follicles were stained dark-brown; on the

right there was little change in the psoriasis patches, the mouths of the hair follicles were scarcely stained. Chrysarobin ointment was now substituted on the right and in two days the spots were nearly gone. From this it seems that chrysophanic acid is not an efficient substitute for chrysarobin in the treatment of psoriasis.

SERUMTHERAPY OF LEPROSY.

Deluca (*Giorn. Ital. d. Mal. Vener.*, xxxi., 2) treated a case of leprosy by injection of serum from a rabbit inoculated with the disease. Ten injections of 10 cubic centimetres each were given in the course of a fortnight. They caused cessation of fever, a certain amount of transudation in the lepromata analogous to that produced by Koch's serum, and some shrinkage in the swelling. Another case was treated by injection of blood serum from another leper in whom the disease was in a latent state, but without any result—Carasquilla (Proc. Academy of Medicine of Colombia—*Correio Med. de Lisboa*, 1896, xxv, 122, 124) immunised horses with blood serum from lepers by injecting 15 to 60 cubic centimetres every two days on three occasions, and then every month. The serum, taken with great care, is then employed as follows:—In a leper from whom blood to the amount of 150 to 250 cubic centimetres has been drawn, 1 to 5 cubic centimetres of horse's serum is injected after five days; a second injection is made three or four days later, according to the degree of reaction, then a third and a fourth; in some subjects reaction does not take place till after this period. The reaction manifests itself, as in the case of other serums, by fever, circulatory disturbances, changes in the secretions, etc. After some days the leprous lesions undergo somewhat rapid modification; the tubercles desquamate and shrink, the ulcerations become vegetating and cicatrise. The disturbances of sensibility are lessened, and, when the lesions are not too far advanced, improvement takes place rapidly, and to an astonishing degree. Carasquilla states that he has treated 100 cases by this method with good results.—*British Medical Journal*, December 19th, 1896.

EUCAINE A SUBSTITUTE FOR COCAINE.

De Mets (*Belge Méd.*, October 22nd) has made comparative trials of eucaine and cocaine upon healthy eyes, using a 2 per cent. solution of the hydrochlorate in each case. Eucaine is a derivative of cocaine, and occurs as a white neutral bitter powder, soluble in water, and not decomposed on boiling. Hence its solutions can be sterilised, an advantage which

cocaine does not possess, since its solutions are modified and rendered less active by this treatment. The instillation of it is a little more disagreeable than that of cocaine, the smarting is greater and lasts longer. It does not produce the marked vasoconstriction of cocaine: thus the eye, instead of becoming white as if frozen, is usually slightly injected. When with cocaine the ocular conjunctiva becomes exsanguine and the eyeball is projected forward, the pupils being widely dilated through suppression, at any rate to some degree, of the lid reflex, anæsthesia is at its maximum and the moment for operation has arrived. With eucaine the eye preserves its normal aspect, and the palpebral chink remains invariable without forward protrusion of the eyeball; anæsthesia to pain is produced at least as strongly with eucaine when tactile sensibility appears less affected. Its action is first manifested seven minutes after instillation; it lasts 20 to 80 minutes, the maximum being reached at about 15 minutes. The author considers its anæsthetic action strong and sure. It does not produce mydriasis; hence it is valuable in cases of operation for glaucoma, where the mydriasis of cocaine is inconvenient. De Mets finds a mixture of 3 parts eucaine to 1 part cocaine, of whatever strength, very useful. It is superior to cocaine in affections of the throat and nose, it being far less toxic as regards the heart and circulation; and it is indicated in dentistry because it does not produce an infiltration and œdema like those of cocaine. This absence of toxicity must also be considered as regards ophthalmic surgery. Besides corneal ulcerations other more grave and even fatal sequelæ have been recorded after cocaine instillations.—*British Medical Journal*, December 26th, 1896.

EFFECT OF DIPHTHERIA ANTITOXIN ON THE KIDNEY.

Siegert (*Virchow's Archiv*, November, 1896) records some clinical and experimental observations upon the effect of the subcutaneous injection of Behring's diphtheria antitoxin on the kidney. He finds that after the injections there occurs generally a slight transitory albuminuria and albumosuria; this was found, not only in patients already suffering from diphtheria, but also in healthy children in whom the antitoxin was injected as a prophylactic measure. In animals the injection produced similar change in the urine and also a diminution in its quantity and specific gravity. It was suggested that the albuminuria was due to the small amount of carbolic acid in the serum, but this was easily disproved. In some cases acute parenchymatous and hæmorrhagic

desire to embrace the medical calling, the men who feel the pinch could hardly avoid casting about for means by which it could be relieved; and many of them have concurred in pointing to the abuse of hospitals as an evil of great magnitude, which withdraws from the medical profession a large amount of money which its members are fairly entitled to receive. We published yesterday a temperately worded manifesto on this subject from the 'Hospital Reform Association,' a body which aims at the correction of abuses, but which, as its manifesto declares, has no intention of injuring hospitals, or of interfering with the complete discharge of their proper duties. The manifesto is signed by officials all of whom, with the exception of the honorary secretary, are well known members of the medical profession; and it would be suicidal for doctors to fight against legitimate hospital work. But the *gravamen* of their complaint is that large numbers of persons who are in no sense poor receive in hospitals gratuitous treatment for which they could perfectly well afford to pay; and it is evident, if the assertions to this effect are well-founded, either that there are in the country many more hospital beds than the service of the poor requires, or else that there are many persons who systematically rob the poor by excluding them from benefits which they were intended by the donors of those benefits to receive. Nothing is more curious than the way in which persons who would be ashamed either to ask for charity in any other form or to receive it feel no compunction in entering a hospital where their board and lodging are paid for by the subscribers, and where the treatment of their maladies is conducted without fee, and, at least in the case of such patients, generally without thanks, by a physician or surgeon who may be worse off than themselves. The out-patient departments are said to be even more abused than the wards, to which real illness is a necessary passport. Of the out-patients a considerable proportion are people earning good wages. Their maladies are often so trivial that they would take the chance of spontaneous recovery were it not that the doors of the hospital are open gratuitously; but the first visit leads to subsequent ones, until at last the very notion that it is part of their duty to provide themselves with medical attendance seems to drop out of their consciousness. Every hospital has its stories of 'ladies' whose conveyances wait for them a little way from the entrance to the out-patient department, or whose servants replace them after the consultation, to wait for the medicine that has been prescribed. This kind of imposture is not only prevalent, but it is increasing, and it tends to increase continually."—*The Times.*

A TONIC WINE.

Messrs. Gilbert & Hall, of Bournemouth, chemists, have sent us a sample of their Coca Champagne. It is stated to consist of an extra dry champagne prepared in Épernay, to which a certain proportion of Gilbert & Hall's coca is added. We have not made any chemical analysis of this wine, but can speak with favour of it from the experience of the patients to whom we presented the sample. It was found to be pleasant, dry, unirritating to the stomach and refreshing. The coca revealed itself to the taste by an only just perceptible and quite agreeable bitterness with no unpleasant after-taste. While we strongly disapprove of the use by the public of wines containing such substances as coca, we believe that they may be of distinct use when administered for a short time with a definite object under medical supervision. We have not met with a better coca wine than Messrs. Gilbert and Hall's.

CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—You allowed me to publish, in your number for last November, an appeal to my colleagues on behalf of the expenses of our late Congress, and the cost of publishing its *Transactions*. A few extra subscriptions to the former were received in consequence, practically closing the account; so that nothing further need be said on that score.

As regards the *Transactions*, the case is different, and rather serious. During the first week in December an announcement that the volume was ready was sent to all subscribers (save those who had already paid); and they were informed that on remitting its price to the printers (Messrs. Adlard & Son, Bartholomew Close, E.C.), it should be sent post-free to their address. Up to the end of January less than two-thirds of their number had responded. The British Homœopathic Society, moreover, in order to help us, inserted in its monthly circular announcing the January meeting an appeal to all its members who had not already subscribed for the *Transactions* to do so at once. Nevertheless, of the 215 names on its roll-call, 45 only stood on our subscription-list on January 31 as having paid for and obtained them.

I need not say that this lack of support causes grave uneasiness in the minds of the officers of the Congress, to whom the printers must look for reimbursement; and trust that I have only to mention the position in which we are placed to elicit the practical sympathy of our colleagues at home and abroad. We have gladly done the work of the Congress, but hope that we shall not be left unaided to bear its costs.

I would add that the price of the volume has been found to have been put at too low a figure; and that three months having now been allowed during which any one might possess himself of it for ten shillings, the charge to future subscribers must be fifteen.

Yours very faithfully,
RICHARD HUGHES.

Brighton, Feb. 19th, 1897.

IS ANTI-TOXIN TREATMENT AN APPLICATION OF THE LAW OF SIMILARS?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In an article entitled "What is a Specific?" in the February number of the *Monthly Homœopathic Review*, the writer seeks to prove (pp. 69 and 70) that the treatment of diphtheria by anti-toxin is an application of the law of similars. Speaking of vaccination, Pasteur's antirabic inoculations, and anti-toxin treatment, he says: "They are, in fact, specifics, if they are specifics at all, in virtue of *similia similibus*, and not of *eadem iisdem*."

The arguments by which he arrives at this conclusion, as applied to the anti-toxin treatment of diphtheria, are:—(1) That a horse when inoculated with the poison of diphtheria does not develop diphtheria, but a disease similar to it; (2) that the anti-toxin for diphtheria (which is the serum of the inoculated horse) owes its activity to the presence of, not the poison of diphtheria itself, but of the poison altered by being "passed through" the horse; (3) that the above statements are borne out by the analogy of Pasteur's inoculations for hydrophobia.

As to the first argument, the accuracy of the statement that the horse does not develop diphtheria is open to question. Diphtheria may be defined as "a specific infectious disease, characterised by a local fibrinous exudate—usually upon a mucous membrane, and by constitutional symptoms of varying severity." (Osler). If a horse is inoculated subcutaneously with diphtheria, the fibrinous exudate occurs in the cellular tissue at the site of the injection, and certain

constitutional symptoms follow; it certainly would not be right to say that the horse was not suffering from diphtheria, because no fibrinous exudate was formed on any mucous surface, or because the constitutional symptoms were not exactly the same as those which occur in man. Nor would it be right to assume because the constitutional symptoms differ somewhat in the horse and in man, that the poison is altered whilst circulating in the blood of the horse, for we know that in many cases the same poison produces different effects in man and the lower animals—*e.g.* opium; it is not the poison that is different, but the manifestation of its action upon the organism.

With regard to the second argument, the following facts disprove the supposition that the active principle of anti-toxin is the altered diphtheria poison. If it were, anti-toxin when administered subcutaneously to a healthy individual should produce certain constitutional symptoms, presumably resembling those of diphtheria; but pure anti-toxin prepared in the most approved way produces no toxic effect. (Behring—quoted p. 23 of Epitome in *British Medical Journal*, February 6th, 1897). Secondly, if a culture of diphtheria bacilli is mixed with a due proportion of anti-toxin for a few hours and then injected into an animal, no ill effects occur; this proves that the active principle of anti-toxin is directly antagonistic to the poison of diphtheria, for if it were merely an altered form of the poison it would aggravate the effect of the injected culture instead of neutralising it.

Lastly, with regard to the alleged analogy between anti-toxin treatment and Pasteur's antirabic inoculations. The writer says: "The rabbit" (inoculated with hydrophobic poison) "does not get hydrophobia or dog-rabies, but a very similar though distinct disease, known as rabbit-rabies. And it is with the serum of this rabbit that the sufferer from hydrophobia is inoculated." In the first place, the patient is not inoculated with the "serum" of the rabbit, but with the dried spinal cord in the form of an emulsion, and this emulsion, unlike anti-toxin, has powerful toxic properties. Secondly, it is not the "sufferer from hydrophobia" who is inoculated, for when the disease is once established the treatment is not of the slightest avail. The inoculation is not curative, but preventive. During the long incubation period the system is gradually fortified against the impending attack by increasing injections of the poison of rabies, until, if the treatment is successful, the system acquires complete tolerance of the presence of the poison. Having these considerations in view, the supposed analogy between this treatment and that by anti-toxins vanishes.

Finally, it is submitted that all the arguments in favour of the statement that the treatment of diphtheria by anti-toxin is an application of the law of similars, have been disproved, and that the answer to the question at the head of this communication must be emphatically negative.

Yours sincerely,
J. Hervey Bodman,
M.B., B.S. (Lond.), etc.

London Homœopathic Hospital,
February 15th, 1897.

DILUTED DIPHTHERIA ANTITOXIN.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—The claim of diluted diphtheria antitoxin to be a homœopathic remedy has been discussed in your correspondence columns for January and February. In January, a writer under the *nom-de-plume* of "Suggestive," maintains that the antitoxin if attenuated should produce a powerful homœopathic remedy, and backs this up by stating that he has found it to do so by experience. On the other hand, Dr. Madden, by his letter in the February number, refutes the claim thus made for the antitoxin and vigorously points out the error of "Suggestive" in trying to establish an analogy between vaccine and antitoxin. Those who have given the matter mature consideration will undoubtedly endorse Dr. Madden's views. But one regrets to note that "Suggestive" is not alone in being misled in this matter. A careful perusal of the discussion on Dr. Renner's excellent and most scientific paper on blood serumtherapy, read before the British Homœopathic Society, March 1896, (*Journal British Homœopathic Society*, 1896, p. 289 *et seq.*), reveals the fact that many of our most orthodox homœopathists have not quite correctly conceived the true relationships between diseases, toxin, antitoxin and cure. That the latest treatment for diphtheria is based on homœopathic principles or at least conforms to the homœopathic postulates, there can be no reasonable doubt. But there is a right and a wrong way of explaining it. Might I suggest that "Suggestive" and others have taken the wrong way?

It remains, however, to state the case for the other side. This will be best done by instituting a comparison between the curative process of a truly homœopathic remedy and the serum-therapy, and for the sake of clearness I shall present the question in parallel columns. The true homologues in the two series will then be apparent at a glance.

ARSENIC:—	TOXIN DIPHTHERIA (a product of the Loeffler Bacillus).
1. *Produces* by large or toxic doses the group of symptoms known as	1. *Produces*, when absorbed from the tonsil, the group of symptoms known as
ECZEMA.	DIPHTHERIA.
2. Also if *administered to man* in small doses (homœopathic)	2. Also if *administered to the horse* (hypodermically) in doses oft-repeated, small at first, larger afterwards,
produces as the result of its action on the living tissues an	*produces* in the blood of the horse a substance known as
ANTIDOTAL SUBSTANCE OR ACTION,	ANTITOXIN
which *remaining in the diseased individual* antagonizes or cures	which *removed and introduced into a diseased child* antagonizes or cures
ECZEMA,	DIPHTHERIA,
the disease from which he suffers.	the disease from which it suffers.

We cannot, therefore, look on antitoxin as a homœopathic remedy, but it represents what we aim at producing in the tissues by means of the remedy. The main difference between the homœopathic action and cure and the "serum-therapy" action and cure lies in the fact that in the former the whole process takes place in the one individual, and that in the other, part of the process is carried out in another animal.

In your last issue, page 124, there is quoted a case of wound diphtheria following the use of antitoxin by injection. This might be taken to mean that the antitoxin itself is capable of producing diphtheria. But, in a careful analysis of the reported case, it will be found that such a deduction would not be warranted. The child which had been infected as a prophylactic measure had been subjected previously to infection from diphtheria, and though the wound was said to have been treated antiseptically, we have no absolute guarantee that it had. Moreover, the best endeavours towards asepsis or antisepsis sometimes fail. Among those who are habitually and specially engaged in injecting toxins and antitoxins, the productions by these agents of a diphtheritic membrane is unknown.

Yours faithfully,

JAS. JOHNSTONE.

Richmond, February 20th.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Drs. BURFORD, GALLEY BLACKLEY, ROBERSON DAY, Messrs. G. A. CROSS and JOHNSTONE (London); Dr. HUGHES (Brighton); Dr. C. BLACKLEY (Southport); Dr. BLACK (Torquay).

BOOKS RECEIVED.

The Medical Annual and Practitioner's Index. 1897. John Wright and Co., Bristol; and Simpkin, Marshall, Hamilton, Kent & Co., London.—*Herbal Simples approved for Modern Uses of Cure.* By W. T. Fernie. Second edition. John Wright & Co., Bristol. 1897.—*Elementary Bandaging and Surgical Dressing.* By Walter Pye, revised by G. Bellingham Smith. Seventh edition. John Wright & Co., Bristol. 1896.—*The Medical Side of the Drink Question.* By Sir Benjamin Ward Richardson. Ideal Publishing Union, London. 1897.—*Journal of the British Homœopathic Society.* January. London.—*The Homœopathic World.* January. London.—*Medical Reprints.* February. London.—*The Chemist and Druggist.* February. London.—*The North American Journal of Homœopathy.* February. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* February. New York.—*The Medical Times.* February. New York.—*The Medical Century.* January and February. New York and Chicago.—*The New England Medical Gazette.* January. Boston.—*The Hahnemannian Monthly.* February. Philadelphia.—*The Homœopathic Recorder.* February. Philadelphia.—*The Hahnemannian Advocate.* December, 1896. Chicago.—*The Medical Mission Herald.* December, 1896. Chicago.—*The Clinique.* January 15. Chicago.—*The Homœopathic Envoy.* February. Lancaster and Philadelphia.—*The Medical Argus.* January. Minneapolis, Minn.—*The Minneapolis Homœopathic Magazine.* January and February.—*Pacific Coast Journal of Homœopathy.* January. San Francisco and New York.—*La Homeopatia.* December, 1896. Bogotá, Columbia.—*Revue Homœopathique Belge.* January. Brussels.—*Allgemeine Homöopathische Zeitung.* January 28 and February 11. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* February. Leipzig.—*Homœopathisch Maandblad.* February. Zwolle.—*Revista Omiopatica.* November and December. Rome.—*Revista Homeopática.* January. Barcelona.—*Chikitsaka-o-Samalochaka.* November and December, 1896. Calcutta.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE BALL ROLLING.

It is a great satisfaction, and it cannot be otherwise, to find that while homœopaths "never say die," but "keep pegging away" in their efforts to promote the cause of homœopathy, knowing that they have only to hold their ground, and stick to their principles and practice for the ultimate triumph of the wonderful therapeutic discovery of the immortal Hahnemann— it is a great satisfaction, we say, to find our views and practice adopted by the old school, so largely and frequently as they now are, though without acknowledgment of the source of their inspiration. We must put up with this at present, knowing surely that the recognition openly of the truth of homœopathy must come sooner or later. The use of aconite in inflammatory fever is one of the most brilliant discoveries of Hahnemann, and it has done more, perhaps, to spread and popularise homœopathy than any other remedy. Its physiological action was, to a certain extent, known before Hahnemann, by Störck and one or two others, but Hahnemann's merit is that he first of all, owing entirely to his study of the drug in the light of his law of similars, apprehended the *genius* of the medicine, and marked out the exact lines of its use and its sphere of action, and he so has been for this reason, if for

no other, one of the greatest benefactors to the human race, and also to the lower animals. So sure was he of its therapeutic powers in suitable cases, that he predicted that the use of aconite in inflammatory fever would cause the "lancet to rust in its case." This prophecy did, perhaps, more than anything else to rouse the animosity of the doctors of the period, who thought it culpable malpraxis to omit bleeding as the sheet-anchor in the treatment of inflammations and inflammatory fever. But this prophecy has come true all the same. It was only about thirty years ago that RINGER first published his work on Therapeutics, in which he put forward the same therapeutic advice as to the value of aconite as was to be found in all homœopathic works from HAHNEMANN downwards to that time. And for many years afterwards, when in consultation with any of the old school, if one mentioned that the patient was getting aconite for fever, one could see the sceptical smile pervade the "orthodox" practitioner's face,—a smile expressing a mixture of pity and contempt. In more recent years knowledge has spread. RINGER'S treatment has become gradually more and more adopted, till in a recent editorial article in the *British Medical Journal* on antipyretics, we find aconite spoken of as far safer and far superior to the antipyrin, antifebrin, &c., of the modern old-school *armamentarium*.

These remarks have been drawn forth *apropos* of an American Journal, published at St. Louis, Mo., entitled *The Medical Brief*. In the number for March of this year, we find the first paper, stated to have been written for *The Medical Brief*, on "The Therapeutical Uses of Aconite and Aconitine," by WILLIAM MURRELL, M.D., F.R.C.P., Physician and Lecturer on Materia Medica and Therapeutics at the Westminster Hospital. Coming from such a well-known authority, whose therapeutic views are, we understand, of the advanced type, the paper merits a notice in this journal. He begins thus:—"No physician who values his reputation as a practical therapeutist can afford to be ignorant of the value of aconite as a medicinal agent. I will go further, and I say that no doctor who is unacquainted with the use of small and frequently repeated doses of this drug is fit to be trusted with the care of the lives of women and children." To which we say, of course,

Amen. After an account of the plant, and a description of its physiological action, Dr. MURRELL goes on to say:

"Aconite is a small dose remedy and not a large one, but in small doses it is a remedial agent of wonderful efficacy. It has not a wide range of action, but what it does it does well. It is indicated in the initial stage of all febrile complaints, and the dose should never exceed one-third of a minim of the tincture. It is best given alone in water, and as it is practically tasteless no flavouring agent is required. The prescription I use is the following:—

℞ Tincture of Aconite ... ... 10 minims.
Water ... q.s. ad. ... ... 4 ounces.

M. A teaspoonful to be taken every ten minutes for the first hour and subsequently hourly for six hours.

"This is the dose for an adult, but for children I use still smaller quantities, thus for a child four years old I should put only two minims in the mixture and for an infant a year old one minim or even less.

"Aconite acts quickly and to do good it must be given as early in the disease as possible. Tablets are made containing one minim of the tincture, and as these are portable and are conveniently carried in the pocket or in a small medicine case, they may be used for the preparation of the mixture. The great indication for the use of the drug is fever, as indicated by elevation of temperature.

"I will give an illustration of the class of cases in which it is useful, and of the mode in which it should be employed. A young man of delicate constitution gets wet through, and a few hours later complains of sore throat, difficulty in swallowing, and a feeling of stiffness about the neck. The temperature when taken under the tongue is found to be 103° F., the pulse is one hundred and twenty, the skin is hot and dry, and the tongue is covered with fur. On examining the throat the tonsils are found to be red, enlarged and tender to the touch. The patient is evidently in for an attack of quinsy, and if not promptly treated may be laid up and incapacitated for work for a week or ten days. This is where aconite comes in. The patient is put to bed and covered up with bed clothes. The aconite mixture is prepared and a teaspoonsful is given every ten minutes for an hour. Almost immediately the skin becomes moister, the temperature falls a couple of degrees, the pulse is less frequent and deglutition is performed with less difficulty. After the first hour, it will not be necessary to give the medicine so frequently, and a dose every hour will suffice. The patient will probably fall into a sound sleep, the perspiration continues and the next morning he wakes up entirely cured.

"Aconite given according to this method answers almost equally well in all forms of localised inflammation, whether due to an ordinary cold or to some graver form of disease such as pneumonia, pleurisy or peritonitis. Even should the elevation of temperature be due to the onset of one of the acute specific diseases, it will help to bring out the rash and will mitigate the severity of the subsequent symptoms."

Dr. MURRELL then proceeds to speak of aconite as an external application in neuralgia, &c., but it is not necessary to extract his remarks on this point. Then, as to aconitine, the great drawback to its use internally is not only its extreme power and danger, but the uncertainty of obtaining it of a uniform strength. He states that the English aconitine is "at least 17 times as active as the German, whilst the French is intermediate in power." He considers the crystallised form made in the United States the best, and its ordinary dose, he states, is $\frac{1}{240}$th of a grain. He then speaks of its value as an external application in neuralgia.

Dr. MURRELL thus concludes:—

"To sum up, in aconite and its alkaloid aconitine, we have two most valuable therapeutical agents, but it is essential to know how to use them. They will work wonders in the hands of a careful man, but if the doctor is too busy to study the subject and take the requisite precautions, he had better confine his attention to calomel and Epsom salts."

Such a paper coming from a prominent physician of the old school is very satisfactory. His doses are such as would be used by any homœopath, though their frequency, as a matter of routine, is unnecessarily pressed. And Dr. MURRELL will find that much smaller doses than those he recommends, especially in children and in adults who are sensitive to medicines, will answer as well, if not better, than larger ones. All the same, $\frac{1}{32}$ of a minim, "or less" for an infant a year old, is not to be quarrelled with. We are especially pleased to find Dr. MURRELL advocating the use of aconite to infants of a year old at all. It is most irritating to homœopaths who know the value of aconite to a baby even a week old, to hear practitioners of the old school saying that aconite is a dangerous remedy even for adults whose hearts are not very strong, while it should never be given to infants, as too dangerous. These statements are retailed

to us by our own patients, who have them from hearsay from their allopathic friends. The men who made such statements are those deluded ones—and very many they are—who cannot get it out of their brains that a drug can have any action at all unless given in the orthodox allopathic dose. Of course in their doses aconite is dangerous, and their ignorance of how to use the drug makes them give forth such narrow-minded statements, maligning the medicine, and unsettling the ideas of those who ought from experience to know better. If aconite is given in a sufficiently weak dilution, such as the 3rd centesimal, it is absolutely safe and beneficial to a baby a day old, if required, and the sooner the old-school practitioner learns this the better for his patients and himself. Even in cases indicating aconite, when the heart's action is weak, it can be given with much benefit and success, and with absolute safety, if administered in a weak dilution. Under its use the action of the heart may be noticed as becoming markedly stronger. Until the average allopath learns the value of small doses of aconite, he had much better adopt Dr. MURRELL'S advice, and "confine his attention to calomel and Epsom salts."

In conclusion, we must express our regret that when Dr. MURRELL finds HAHNEMANN'S statements, confirmed by the thousands of homœopathic practitioners all over the world, so correct, reliable and valuable, he should not put to the test other well-known and trusted homœopathic remedies, and give the profession the benefit of his results.

THE CASE OF MR. THEOBALD.

By R. E. DUDGEON, M.D.

MR. THEOBALD'S unfortunate translation of Count Mattei's book has involved him in a disproportionate and unmerited amount of trouble.

The British Homœopathic Society,* of which Mr. Theobald was a member since 1864, did not like that one of its members should appear as countenancing the

* When I say British Homœopathic Society, I mean the majority of its members, for a considerable minority entertained different views from those acted on by the majority.

secret remedies of the Italian nobleman, so it gave him a hint that in their opinion he was acting in contravention of the Society's laws, the penalty for which was expulsion, whereupon Mr. Theobald sent in his resignation, which was accepted.

Last year Mr. Theobald announced that he had withdrawn the obnoxious publication from circulation, and that he had ceased his connexion with the system it expounds, and he begged to be reinstated as a member of the Society.

But some things had happened between his resignation and application for re-admission which the Society thought ought to influence its reception of Mr. Theobald's request.

The Royal College of Surgeons of England, of which Mr. Theobald became a member in 1856, in May, 1894, "removed him from being a member of the College" (the phraseology is that of the College) on the ground of his translation of Mattei's work with its advocacy of secret remedies, conduct which, they say, "is prejudicial to the interests and derogatory to the honour of the College and disgraceful to the profession of surgery." The General Medical Council, in December of the same year, struck his name off the Register on the ground that he had been guilty of "infamous conduct in a professional respect" in having published this book, and "suggesting to persons suffering from disease" to adopt the treatment set forth in that book.

So, when Mr. Theobald sent his request to be reinstated as a member of the British Homœopathic Society, the majority of the Society thought themselves bound to decline doing so by the laws of the Society. The particular portion of the laws which it was thought prohibited Mr. Theobald's reinstatement, is this from Law V., "Ordinary members must be medical men residing in the United Kingdom, registered by virtue of a diploma obtained after personal examination under the provisions of the Medical Act, 1886."

Now, there is no doubt that Mr. Theobald's diploma has been withdrawn, and that he is no longer registered; but it is equally certain that when he was elected a member of the British Homœopathic Society in 1864 he possessed a proper diploma, and his name was on the

Register, proving him to have the qualifications for membership demanded by the laws of the Society.

There is nothing in the laws of the British Homœopathic Society about the re-admission of members who have resigned their membership, as was done by Mr. Theobald. So we must look for precedents to guide us as to the proper course to pursue. The only precedent I can find is my own case. I resigned my membership of the Society somewhere about 1850, and, after about a score of years, applied to be re-admitted. No enquiries were made about my medical qualifications or registration. For all the Society knew I might have been deprived of my diplomas in the meantime and had my name removed from the Register. No investigation was made on this point, and I was re-admitted without being balloted for, nor, if I remember aright, was I required to sign again the obligation set forth in Law IX. It was apparently considered enough that my qualifications had been found sufficient when I was first admitted. But suppose it had occurred to the Faculty of Medicine and the College of Surgeons of Edinburgh to deprive me of my diplomas on account of my homœopathic practice (there was no Medical Act, General Medical Council or Register before 1858), is it probable that the British Homœopathic Society would on that account have refused to reinstate me? Or would the Society expel one of their members who had been so treated by the College?

But of course it will be said that the Royal College of Surgeons has never passed a decree of excommunication against its homœopathic members, like its sister College of Ireland, and that it would not deprive a licentiate of his diploma on account of his homœopathic practice. Well, perhaps not directly, but indirectly this has been done by the very College of Surgeons which now persecutes Mr. Theobald.

I allude to the case of the late Dr. James Dore Blake. In 1846, Dr. Blake (he was only Mr. then) obtained the diploma of the Royal College of Surgeons of England after a full and satisfactory examination. He then settled at Taunton to practise, and rapidly obtained a large *clientèle*. As he practised homœopathy, he immediately became an object of aversion to the orthodox practitioners of Taunton, who addressed a memorial to

the College representing that Mr. Blake had obtained his diploma by fraudulent means. The College took no notice of this memorial, so the Taunton allopaths presented a second memorial, in which they accused Mr. Blake of having mendaciously stated that he had been studying medicine for five years, whereas he was engaged in trade in Taunton and Bristol during that period. They also alleged that there were irregularities in the certificates of his attendance on classes. And they further alleged that he was practising homœopathically and thereby dishonouring the diploma of the Royal College. This roused the College to the desired pitch of indignation. The College, instead of summoning the accused and the accusers to enable them to sift the evidence, sent certain questions to Mr. Blake, to which he sent specific answers, showing the correctness of his statements relative to his medical studies and the certificates of his attendance on classes, and proving that though the business of confectioner was carried on in his name during the period of his study, it was entirely conducted by his agents, and not by himself personally, as during that period he was pursuing his medical studies in London. He offered to substantiate the truth of these statements by witnesses, but the College refused the court of enquiry he sought for, and condemned him, unheard, to be deprived of his diploma, and his name to be erased from the roll of Members of the College.

This is a sample of the kind of justice the College is disposed to mete out to its members who are favourably inclined towards homœopathy. A short time previously, as the *Lancet* informs us, another individual was accused of having obtained the diploma of the College by false and fraudulent certificates. But in that case, the offender not being tainted with the homœopathic heresy, the College refused to take any action.

Notwithstanding the efforts of the College to crush Mr. Blake, he soon obtained the largest practice in Taunton and the surrounding district. His allopathic colleagues tried to ruin him by getting up coroner's inquests on his patients whose diseases terminated fatally. In this they were assisted by the Registrar of Births, Deaths and Marriages, who was a medical man with strong prejudices against homœopathy. The

coroner, however, though an allopathic surgeon, was a gentleman and a man of culture, so he eventually succeeded in quashing this mean and futile manœuvre. The Homœopathic College of Philadelphia conferred on Mr. Blake its degree of M.D., and the persecution, which was more teasing than effectual, gradually ceased. Dr. Blake continued to enjoy the confidence and esteem of a large circle of patients and friends until his death in 1874.

I have recalled this episode of Dr. Blake and the Royal College of Surgeons in order that the younger men of our body may judge what reliance they can put on the sense of justice or generosity of the College in the case of Mr. Theobald. It appears, from documents I have seen, that the chief proof relied on by the College that Mr. Theobald was recommending secret remedies was the report of their analytical chemist who found no medicine in the "electro-homœopathic" remedies, but only distilled water. It was this very same analysis by the College of Surgeons which the General Medical Council, through their solicitor, assigned as one of their reasons for branding Mr. Theobald with "infamous conduct in a professional respect."

Were this test applied to nine-tenths of the remedies prescribed in their daily practice by the members of the British Homœopathic Society, what could hinder the College of Surgeons from accusing such of them as are Members of the College of dishonourable and disgraceful conduct, and depriving them of their diplomas; or what could prevent the General Medical Council stigmatising them as guilty of "infamous conduct in a professional respect," and erasing their names from the Register? We may infer from their action in the case of Mr. Theobald that the will is there, but it is kept in restraint by the proctective clauses of the Medical Act.

Mr. Theobald requested the British Homœopathic Society to memorialise the Royal College of Surgeons to restore his diploma. The Society refused to do this; and for my part, I do not see that a compliance with Mr. Theobald's request would have had the slightest influence on the College or their Council. It could hardly have been much of a solatium to Mr. Theobald as long as he was excluded from the Society.

What, then, ought to be done? Here is a homœopathic practitioner, a former member of the Society, an able, highly cultured, estimable gentleman of unblemished character and repute, who commits the venial error of judgment of translating a work treating of an extremely popular and apparently successful mode of treatment by remedies with fanciful names, but whose real nature is concealed. The British Homœopathic Society (or rather, the majority of its members, for the Society was by no means unanimous) deeming the publication of such a book and the recommendation of the unknown remedies it treats of an infringement of the Society's laws, entailing the penalty of expulsion,* accepts the proffered resignation of their member, who subsequently pleads that he has withdrawn the obnoxious publication from circulation, and has ceased to have any connexion with the system it expounds, and begs to be reinstated in his membership of the Society. But in the meantime the Royal College of Surgeons, of which he is a member, deprives him of his diploma, and the General Medical Council erases his name from the Register on account of the above transaction, and the Society refuses to reinstate him, because its laws require members to be in possession of a registrable diploma, which he has lost by the action of the College and Council.

I contend that Mr. Theobald, having purged his imputed offence against the laws of the Society by the withdrawal of the incriminated translation from circulation, and by the renunciation of his connexion with the system it expounds, might be reinstated in his position as a member of the Society without the formalities

*The law of the Society is thus worded: "Any person who shall announce by placard on any public place, or shall publish in any advertisement or circular letter his mode of practice or place of abode, or shall sell, or cause to be sold, any secret remedy or nostrum, or shall publish any pamphlet or book in which cases of cure are detailed and the remedies concealed, is not admissible as a member; and, moreover, if any member shall commit any of the above offences against the Society, he shall be liable to expulsion." I think that a careful examination of the law will convince impartial persons that it is not applicable to Mr. Theobald's case, but the prejudice in the majority of the Society was so strong against Mattei and his remedies that they can hardly be considered impartial persons, so Mr. Theobald's resignation was eagerly accepted by them and thus the necessity of discussing the point of the bearing of the law on his case was obviated.

prescribed by the laws on the election of a new member, as was done in my case,* and without regard being paid to the action of the College of Surgeons and General Medical Council, which was evidently motived more by Mr. Theobald's profession of homœopathy than by his unfortunate translation and use of secret remedies there recommended, for they still refuse to restore his diploma and his name on the Register, notwithstanding his withdrawal and renunciation. The evidence of the qualifications of Mr. Theobald produced by him at his original election as a member should suffice for his reinstatement.

If it be alleged that by reinstating Mr. Theobald to his former position as a member the Society would be rather straining the letter of its laws, it might be urged that the Society, as the representative of a maligned and persecuted sect, ought to act generously towards one of its members who has fallen under the ban of corporations notoriously hostile to homœopathy, and who, though he has sinned against the laws in the opinion of the majority, has done his best to repair his mistake, which, after all, was merely an error of judgment and implied no moral turpitude. In fact, every one who has the pleasure of Mr. Theobald's acquaintance knows him to be a man of exceptionally high culture and irreproachable character, who, in a career of forty years medical practice, has won the esteem and affection of patients and neighbours.

That the Royal College of Surgeons have strained their own laws in their persecution of Mr. Theobald, in their denunciation of his conduct as "disgraceful," and in their deprivation of his diploma must be evident to all who have made themselves acquainted with their proceedings, and that the General Medical Council in stigmatizing him as "infamous," and in erasing his name from the Register have acted with a grotesquely cruel severity worthy of the Vehmgericht of mediæval times, must be obvious to every impartial person.

The same measure of injustice might be meted out by the College of Surgeons to any of their members who may be guided in practice by the doctrines of Hahne-

* And probably also in that of the late Dr. Matheson, who resigned and was re-admitted a member of the Society.

mann, as their chief evidence in Mr. Theobald's case was the ludicrous chemical analysis of the medicines recommended in Mattei's work. Their conduct in depriving Dr. Blake of his fairly earned diploma on the unsupported accusations of his allopathic colleagues and rival practitioners, without allowing the accused to meet his accusers face to face, shows their animosity towards the homœopathic method. Why, then, should the British Homœopathic Society regulate its conduct towards a homœopathic colleague by the persecuting zeal of the irreconcileable enemy of homœopathy, the Royal College of Surgeons?

The British Homœopathic Society ought to be the protector of homœopathic practitioners, not the docile executor of the behests of a hostile clique.

I do not expect that my opinion on the case of Mr. Theobald will have any effect on the action of the British Homœopathic Society. I belong to the ancient and militant age of homœopathy, and have always deemed it the better plan to resist to the uttermost all attempts of the dominant school to act unjustly towards their homœopathic colleagues. But now, apparently, "the weak piping time of peace" is upon us, and we meekly allow ourselves to be trampled under foot by the Great Powers of Physic, and are ready to submit to injustice and oppression rather than make ourselves disagreeable to the solemn shams who regulate the affairs of official medicine. Homœopathy never advanced with such strides as it did in the days when we were continually fighting our allopathic foes. So, "my voice is still for war." If the Colleges act unjustly to any of our colleagues, let us show them that we don't care a doit for them, by sheltering and protecting the victims of their injustice.

It may be asked, if Mr. Theobald has been unjustly and illegally treated by the Royal College of Surgeons, as he alleges, why does he not go to law and thus get the illegal act of the College reversed? Mr. Theobald could not afford to fight a rich corporation like the College of Surgeons, who, if non-suited in one court, would appeal from court to court, whither their victim could not afford to follow them. I should like to see the funds for such a *cause célèbre* supplied by Mr. Theobald's friends and colleagues, but it would require a

large sum, and the pockets of Mr. Theobald's friends are not "bottomless," as we are told, on excellent authority, those of the ratepayers are. So unless some enthusiastic homœopathic millionaire comes to his aid, he must still try to regain his diploma from a flinty-hearted College by the feeble arts of persuasion and importunity.

ON THE OCCURRENCE OF TACHYCARDIA IN SOME CASES OF CHRONIC PERICARDITIS.

By Chas. Harrison Blackley, M.D.

(Continued from page 139.)

In the March number of the *Review* I gave a short paper on the above subject, in which I stated that the occurrence of tachycardia was, in that case, in all probability due to mental disturbance. In the following remarks I propose to give the history of a case in which, along with pericarditis of old standing, the attacks of tachycardia were unmistakably due to severe mental disturbance, and so closely connected with this that there could apparently be no mistake in attributing the tachycardia to it.

The patient was a lady in her sixtieth year, and had been the subject of repeated attacks of rheumatic fever. She thought she had had at least four of these attacks, and, so far as she could remember, she was about five years of age when the first attack had occurred. According to the statement of the medical man who attended her, it was during the second attack that the pericardium had been very seriously affected. During this and a subsequent attack her life had for a short time been despaired of.

At the time the patient came into my hands she was quite a cripple from chronic rheumatism. The hands were distorted—every joint of the fingers being greatly enlarged and more or less anchylosed. The joints of the knees and the elbows were in a similar condition. Owing to this she was quite unable to stand upright, or to walk even a step or two without support; any attempt to do this gave her great pain. Usually, she was lifted from her bed to her chair each morning and back again at night.

Under these circumstances medical treatment, pure and simple, without the help of other measures, did not do much good, so I determined to try what the local treatment by dry hot air would do. For this purpose I had a bath constructed for the patient, that would permit one or both of the upper or the lower limbs to be completely enclosed in it. In this way the limbs were, for the time being, completely shut off from the outer atmosphere. The heat was got by placing in the bottom of the bath a Bunsen's burner, such as is made by Fletcher of Warrington.* By this means a heat of 100° to 200° could easily be obtained. Usually it was not allowed to go beyond 170°.

In this way a change was slowly made in the condition of the limbs, so that she gradually found herself to improve so as to be able to walk round the dining table without more help than she got by resting her hands on the table. This was a marvellous improvement, although at the expense of some pain in the joints. During this time the treatment, by medicines taken internally, was continued more or less regularly, and as long as movement was kept up, and the hot air was used every day, improvement went slowly on. It was, however, sometimes difficult to induce the patient to persevere, on account of the pain it usually gave at the commencement of an operation. Nevertheless, slow but steady progress was made for a time.

The patient had several daughters who were fairly healthy, and who had not, up to this time, shown any great tendency to be subject to rheumatism. About this period, however, the second daughter, who very much resembled her mother in build and temperament, began to show signs of the chronic form of rheumatism in the hands and knees. This, I think, was mainly brought on by a good deal of exposure that the girl might have avoided, but frequently repeated, in spite of warning and earnest entreaty on the part of the mother. Unfortunately, this warning was not heeded, and so the trouble increased. Up to this time there was not much indication with the mother of serious trouble having existed in the pericardium, although no doubt it was there, as in the case first cited. A short *to and fro*

* Now Fletcher Russell & Co.

sound could now and then be heard when the patient was excited by exercise or by anything that disturbed her mentally; but there was no indication of attacks of tachycardia becoming troublesome.

About this period the second daughter had the misfortune to be knocked over by a bicyclist. This gave her a terrible shake and a somewhat severe blow on the head, but there were no bones broken. In two or three months after this accident this daughter began to show signs of a suicidal tendency. The first time she manifested any tendency of this kind was in getting possession of a bottle of liniment that had been formerly used by her mother. This was principally composed of tincture of opium, and contained quite eight ounces. This apparently she intended to try to drink off at one draught on going to bed. The strangeness of her manner and her language caused her elder sister to think that all was not right with her, and induced her to look if she had been using the liniment in any way. She did not find this in the place in which it was usually kept, and finding that the younger sister had got possession of it and refused to give it up, I was sent for to see what influence I could bring to bear to alter this state of things. After a little persuasion I induced the girl to give up the possession of the liniment to me. This I at once destroyed in her presence, and so the danger of suicide by this means was for a time set aside.

This tendency, however, did not remain long in abeyance. In a few days she made an attempt to get on to the railway line, which passed near to where she lived, in order to throw herself under the train. She was fortunately discovered just as she was getting on to the line, and so was prevented. Under these circumstances there was nothing for it but to get her away to a lunatic asylum, and so she was removed as soon as possible.

All this was a great trial to the mother, and it was during this time that the attacks of tachycardia began to trouble her. She had three attacks in all, and the last one proved to be fatal. I saw her in the first one, which lasted only about thirty minutes. The second one I did not see her in, as it passed away before I could be got at. The third attack, which ended fatally, could not have lasted more than ten minutes.

Unfortunately I could not induce the husband of the patient to permit me to make a post-mortem examination to see what the condition of the heart was, and especially of the pericardium. But from the history of the case, and from what could be gleaned from physical examination, I have no doubt that it was a case very similar, as far as regards condition of the pericardium, to the case I first cited.

Albany Road, Southport.

DIRECTIONS FOR THE GUIDANCE OF THE SISTER AND NURSES IN THE PREPARATIONS NEEDED FOR AN ASEPTIC OPERATION.*

Preparation of the Patient for an Operation.

The evening prior to the operation a purge should be administered, followed by an enema the following morning.

Whenever possible, a hot bath should be given, with plenty of soaping and scrubbing.

The area to be operated on and neighbouring hairy parts, especially axilla and pubes, should be shaved. The skin is next to be rubbed for a few minutes with cotton wool soaked in ether (methylated ether will do) to remove all grease, etc.; and then soaked for two minutes with "biniodide spirit,"† adding one-tenth of hot water. The part should then be covered with a layer of zinco-cyanide gauze soaked in "biniodide lotion,"‡ 1-2000, a layer of wood wool tissue placed over this and kept in position with a bandage.

These protecting and antisepticising dressings should not be removed until the towels, etc., are ready to be placed around the patient preparatory to commencing the operation.

The nurse should see that no solid food is given to the patient for five or six hours previous to the operation.

* Prepared by Mr. Knox Shaw for the use of the Sister and Nurses of the Surgical Ward of the London Homœopathic Hospital.

† Biniodide spirit:—Hydrarg. iod. rubri 1; potass. iod. q.s.; aquæ q.s.; sp. vin. rect. (75 per cent.) 500.

‡ Biniodide lotion:—Shake up hydrarg. iod. rubri in distilled water, add rather more than an equal weight of potass. iodid. and stock one in 500.

But a little beef tea or clear soup may, if necessary, be given three or four hours beforehand to a feeble patient. Artificial teeth should always be removed before an anæsthetic is given; and unless special directions are given to the contrary, the nurse should see that the patient's bladder is emptied before the operation.

It should be seen that the patient comes to the operation warmly clad, in flannel garments when possible, and with stockings on. In cases of severe operation the trunk and limbs should be wrapped in cotton wool.

Operating Room Preparations.

It is essential that the operating room be kept scrupulously clean. In addition to the usual cleaning, any place at all likely to collect dust should be wiped with a duster damped with biniodide lotion (1-1000).

The hot water sterilizer will allow germs to pass through it after it has been in use some time, it is therefore necessary that the "candles" should be removed once a week and carefully washed and then boiled for half-an-hour.

Lotions.—Biniodide lotion should be stocked 1 in 500. A measure glass should be used to dilute it to the required strength. In strength 1 in 4,000, it is to be used for rinsing sponges, flushing wounds, and for finger bowls. All stock solutions should be diluted with hot sterilized water. When a sterilizer is not available, the dilutions should be made with hot water that has been *boiled.*

Carbolic lotion should be stocked 1 in 20, and diluted for use in instrument trays and in bowls for sutures and ligatures, to 1 in 40 to 50.

Towels, Aprons, etc., should be opened out before being placed in the sterilizer, and should be kept there at a temperature of 100°C. (212°F.) for at least half-an-hour.

Before being placed around seat of operation, the towels should be soaked in hot carbolic lotion, 1 in 40 to 50.

Gauze sponges should always be sterilised and kept in a glass stoppered jar. Before they are used they should be placed in a bowl in hot biniodide lotion (1-4000).

Instrument trays, dressing tins and bowls should be sterilized by boiling, especially if they have been used for septic cases.

For the operation there should be an instrument tray filled with one-in-forty carbolic lotion, and a bowl with carbolic (1-40) for ligatures. The sponge bowl and finger bowl should contain biniodide lotion (1-4000).

Drainage tubes (rubber and glass) should be boiled and kept in 1-20 carbolic lotion.

Instruments should be boiled in soda solution for fully five minutes before being used, and then placed in 1-40 carbolic lotion. After use they should always be scrubbed with soap and hot water.

Silk and *silkworm* gut should be boiled for 15 to 20 minutes, according to thickness, and then placed in carbolic lotion (1-40). As silk is destroyed by being boiled several times, as much as will probably be required for the operation should be lightly wound on a glass reel and then boiled.

Nursing at Operations.

The sister and nurses must very carefully sterilize their hands and wear clean sleeves. The sister should generally supervise the nursing at operations; but as she, in addition, has charge of the sutures, she should touch nothing else. In ordinary operations one nurse only should attend to the sponges, rinsing them out in 1-4000 biniodide lotion and putting them in a bowl of clean 1-4000 biniodide lotion from which the surgeon or assistant takes them.

In certain abdominal operations it is necessary for two nurses to attend to the sponges, one to wash out carefully the soiled sponges in hot 1-4000 biniodide lotion and place them in clean biniodide lotion, and the other to wring out the sponges in the clean (1-4000) biniodide lotion and to see that they are ready—clean, hot and dry when the surgeon requires them.

One nurse should be on duty to move patient during the operation, shift blankets on table, etc., and another to keep bowls filled with clean lotion.

Disinfection of the Hands.

The finger-nails should be kept short. The hands should be scrubbed with soft soap and hot water for three minutes. Then they should be soaked for two minutes in "biniodide spirit," finally washed off in biniodide lotion (1-2000). If the hands or fingers

touch anything outside the area of operation, after this they must again be carefully rinsed in biniodide lotion.

The nail brushes should occasionally be sterilized in the steam sterilizer and kept in fresh 1-1000 biniodide lotion. They should always be sterilized after being used for septic cases.

Dressings.

In ordinary cases the wound is first to be dusted with iodoform; it should then be covered with a layer of zinco-cyanide gauze soaked in biniodide lotion. Over this is placed a layer of alembroth wool; finally a layer of wood wool tissue covered with jaconet is added and all kept in place by bandages. To ensure a good fit the wood wool tissue should always be cut to shape and size from a paper pattern and prepared beforehand. In certain cases which are septic from the beginning iodoform gauze may have to be applied as the first dressing next the wound.

Dressings Subsequent to the Operation Dressing.

Until the wound is healed, as much care is needed at subsequent dressings as at the operation dressing.

Before commencing to undo the dressing everything likely to be wanted should be at hand—sterilized dressings, bandages, lotions, guard, sponges, trays, &c. After the retaining bandages have been removed the area around the dressings should be covered with sterilized towels. With clean sterilized hands the dressings should be quickly removed, the wound washed with biniodide lotion (1-2000), iodoform dusted on, and the fresh dressings applied.

EXTREME CASE OF CHOREA.

By E. B. Roche, M.R.C.S., L.R.C.P.

On May 2nd, 1892, G. S., a boy about eight years old, was carried by his father into my consulting room, having come from a town 20 miles away. In November, 1891, he had a mild attack of scarlet fever, but made a good recovery and was able to attend school again, continuing attendance till March 4th. On the night of that day when his father took him out of bed about 10 p.m. he cried and said his father had hurt his arm,

but he was soon asleep again. He appeared well next morning, but in the afternoon complained of backache, and after a bath he seemed even worse. Went to bed at 7 p.m., and at 9.45 p.m. woke up with loud screams which continued for an hour, during which time twitchings of the arms, legs, and head were noticed. He afterwards slept well, and on the following morning was well except that these twitchings continued. At 8 p.m. when in bed the screaming recommenced, and half an hour later a medical practitioner saw him and pronounced it chorea, saying that he would not be cured for six weeks at least. Bromide of potassium was the medicine given which quieted the movements, but the boy became steadily weaker. Fellows' Syrup was given, but the appetite failed and he lost strength day by day, becoming in a few weeks as helpless as an infant, having lost all power of speech and use of his legs. It was in this condition he was brought to me on May 2nd, 1892. He was greatly emaciated—his legs useless, muscles wasted, though slightly moved with restless twitches. Shoulders and arms constantly moving—head also, but no facial contortion. Two or three enlarged occipital glands were tender. Appetite very bad. Bowels regular. Can retain urine. No movements during sleep. Cannot speak. Not formerly a nervous child. Cardiac sounds normal. Sleeps very badly.

The child was so weak and ill that I gave a very guarded prognosis, and was very sorry that he had been brought such a distance. Agar. 1x and bell. 1x were ordered alternately every three hours.

May 7th.—There is some improvement in appetite reported, but great restlessness and fear. Agar. 1x, ign. 1x.

May 14th.—Appetite still improving. More sleep. Less twitching the last two days. No improvement in use of legs. Repeat.

May 23rd.—The boy is better in general health, but speech and use of legs remain the same. Repeat.

June 10th.—Still improving in general health. Twitching diminishing, but use of legs no better. Repeat.

June 24th.—Is steadily improving. There is a little more power in the legs. Begins to talk. Agaric. 1x, nux vom. 1x.

July 11th.—Improvement has steadily continued, and the chorea is almost gone. Can now walk and talk fairly. Repeat.

July 30th.—The boy is getting on well. Gains flesh. Improves in walking and in talking. The medicines were continued for a few weeks, and the boy quite recovered and returned to school.

I gave the agaricus as the medicine on which from past experience I relied for the chorea, having had several cases in which it had done me good service. I have had several cases since this one in which agaricus has been equally useful. In the case recorded above the boy's condition on introduction was going from bad to worse, and was truly pitiful. It was evident that unless some change quickly took place his days were numbered. The only change made in his conditions was the use of the medicines recorded.

AN EASY AND CERTAIN METHOD OF TREATING OBSTINATE "INGROWING TOE-NAIL.'

By Dudley Wright, M.R.C.S., L.R.C.P.

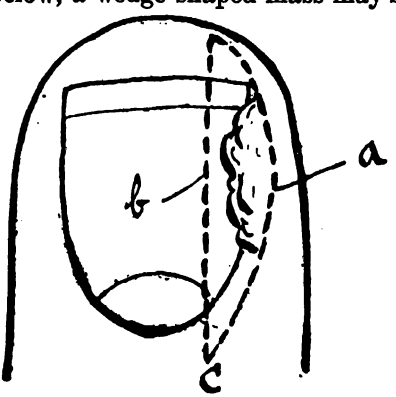
Assistant-Surgeon and Surgeon for Diseases of the Throat to the London Homœopathic Hospital.

Those who have had much experience of the ordinary method of treating the advanced and obstinate condition of ingrowing toe-nail by means of avulsion of the nail, will, I think, agree with me that it is open to great improvement. In the first place, it must be acknowledged that it is rather a rough and barbarous proceedure; but this might be overlooked if it were ultimately successful. The experience of many attests that it cannot even lay claim to this; and it not unfrequently occurs that not only does the condition return more or less after the operation, but that the place of the old nail is taken by a hideous horny excrescence.

The following method of treatment, which I have now been in the habit of using for the last four or five years, is not only easily performed, but so far as I can find, has never been followed by a recurrence, and is attended with very little, if any, after pain. I may say that the method is not my own invention. I first saw it mentioned in a paper called *Medical Reprints*, but as I

have not the copy by me I regret that I cannot give the name of the author; and I only know that he hailed from the other side of the Atlantic.

The operation is performed as follows: The patient being under an anæsthetic, the toe is thoroughly cleansed by scrubbing with soap and water and then with alcohol, which should be made to pass freely under the nail by means of some wool on the end of a probe. It is a good plan before making the incisions to tie a small drainage tube round the toe near the web so as to act as a tourniquet. An incision is now made as in the figure (dotted line *a*) so as to go outside the overhanging granulation, which usually projects over the margin of the nail. This incision is curved and should be made with the knife point slightly slanting towards the nail, so that when it is joined by the two extremities of the next incision (*b*), which should go down vertically to the bone, and project a short distance beyond the nail both above and below, a wedge shaped mass may be removed.



In making the incision *b*, scissors will have to be used to divide the nail. These should be sharp pointed and be pushed upwards under the nail. The greatest care should be taken to make the incision extend well up beyond the nail to *c*. This is the essential point of the operation, for it is from this point that the nail grows, and the object is to remove this growing point and so prevent the nail from ever spreading laterally beyond the line *b*. It is best to scrape the tissues from the bone at this point so as to insure the complete removal of the matrix of the nail. The whole of the tissues intervening

between the two incisions having been removed, the tourniquet is now loosened and bleeding, which should be but slight venous oozing, is controlled, and a stitch inserted into the upper and lower angles of the wound, so as to leave as small a surface for granulation as possible.

An iodoform gauze dressing is now applied, and a bandage over all completes the dressing.

At the hospital, where I have done a considerable number of these operations, the patients are instructed to bring a boot, with the end of the upper leather cut off; they can then walk home after they have sufficiently recovered from the anæsthetic.

The dressing need not be touched for several days, and the wound usually heals up within two weeks.

As I have said, I have never seen a recurrence; but patients who have had one side done have often come back a year or so afterwards to have the toe of the other foot operated upon; and I have always found that the operated side is healthy and the nail has not grown laterally at all.

It often happens that a nail "grows in" both on the outer and inner side on the same toe. Under these circumstances I do not hesitate to treat both sides simultaneously, and the result is invariably good.

I do not wish it to be understood that I recommend this treatment in every case. There is no doubt that in the slighter forms of the affection, the usual method of inserting wool under the nail succeeds if persisted in; but unfortunately patients often will not take the trouble to do this constantly, and matters go from bad to worse and demand more radical treatment. In such cases the method I have reported above is, to my mind, far preferable to the old method of avulsion.

CONSULTATION DAY.—FOURTH SERIES.

LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. Washington Epps.

The consultations have been held on January 8th and 22nd, February 19th and March 5th. Thirteen cases have been shown on the four days. The attendance has

varied, that of the visitors being 9, 4, 6 and 5 respectively, and that of the staff being 6 to 8.

The following are some of the cases shown:—

Case XIX.—*A Heart Case.*

Dr. Newbery brought this case to the consultation on January 8th for diagnosis and treatment.

The patient was a man of 32, of whom Dr. Newbery gave the following history. "On October 14th last, he complained of faintness. On the 18th he had a second attack of faintness. The patient is a strong healthy looking man, with a fair history, a beer drinker, of a nervous temperament. He complains of shooting pains in the cardiac region, extending to the back and accompanied by giddiness. He also complains of dyspnœa, headache and some dyspepsia with constipation, caused by faulty teeth. Physical signs—heart dulness and apex beat, both normal. At apex the first sound almost obscured by murmur. At third interspace the first sound could not be made out."

After October 18th patient was under treatment at the London Hospital, and on enquiry the Registrar wrote to Dr. Newbery "That he considered the case one of arterio-sclerosis and cirrhotic kidney in a young subject, sclerosis not advanced—heart hypertrophied, second aortic sound accentuated, pulse tension raised, arteries thickened, urine increased in quantity and lowered in specific gravity. Sclerosis of retinal arteries in left fundus, two congenital patches of opaque nerve fibres above and below disc." Dr. Newbery had examined the urine the morning of the day the patient was shown and found it to be sp. gr. 1018, no albumen, very acid, passed 24 oz. in the night.

Dr. Byres Moir wished to know more of the history of the case before making a diagnosis, specially as to any rise of temperature. He found the apex beat diffused and a systolic murmur at the apex. He did not find any sclerosis of the arteries. He thought the symptoms pointed to developing endocarditis.

Dr. Roberson Day also wished for further particulars, and thought the case should be carefully watched. He found the first sound of the heart very indistinct and the second accentuated.

Mr. Johnstone said there was clearly a bruit due to contraction or lesion of the valves.

Dr. Austin Reynolds said there was a mitral regurgitant murmur. An ophthalmoscopic examination gave a negative result.

The remedies suggested were aconite, cactus and veratrum viride, the last by Dr. C. Wolston.

Case XX.—*A Tumour of the Breast.*

Dr. March brought up this case from Reading on January 8th. He gave the following history:—"The lump was first noticed in 1877, shooting pains in 1889 and retracted nipple in 1891. Since last August patient has had a violent uncontrollable tickling cough, with involuntary micturition."

Dr. March wished for a diagnosis, specially as to the cause of the cough and suggestions as to treatment. At the consultation, some dulness and slight œdema of the surface were detected in the right scapular and mammary regions, with weak breath sounds.

Dr. Byres Moir thought the cough due to secondary growth in the chest cavity.

Dr. Epps agreed with Dr. Moir's diagnosis, he suggested corall. rubr. 6 for the cough.

Dr. Goldsbrough thought the œdema of the surface of the chest had extended from the carcinomatous tumour.

Mr. Dudley Wright examined the larynx and found it normal in appearance. He thought the tumour a scirrhus. He did not advise any operation as the pectoral muscles were involved. He thought the growth of the tumour would be slow. For the cough he advised codeia or hyoscyamus mixed with glycerine. Mr. Wright mentioned a case of an old gouty gentleman who had a similar cough and who was quickly relieved with ac. benzoic. 1x gr. v. ter hor. and remained free from his cough for three months. The cough returned on two subsequent occasions and was quickly relieved by the same remedy. Eventually he suffered from hæmoptysis, which was considered due to rupture of a gouty vessel and breaking down of the lung tissue.

Dr. Newbery suggested causticum.

CASE XXI.—*A Case of Lupus Vulgaris in a woman, involving the Nose, Malar and Orbital regions and the Ears, with considerable deformity.*

This case was shown on January 8th by Dr. Goldsbrough. The patient was a married woman of 34, with three healthy children. The skin disease began soon after vaccination. The parts affected were the face and ears and the left elbow and wrist. All these parts were covered with extensive adherent cicatrices the result of extensive ulcerations, the ears being partly destroyed and adherent by cicatrices to the parts beneath. The patient had undergone several operations with the spoon and cautery before coming to the hospital. She had been taking thuja 12.

At the consultation, no further operation was advised. Dr. Clarke advised thuja and a dose of vaccinin 100, once in 7 to 14 days. Dr. Roberson Day, tuberculin 4, once a day and Dr. Epps tuberculin 30 in infrequent doses. Dr. Pope thought thyroid extract should be tried.

Dr. Clark mentioned a case of lupus affecting the pharynx and wing of the nose, occurring in a member of a phthisical family, which he had cured with Koch's tuberculin, in which there had been no return of the disease during six years.

CASE XXII.—*An Ulcer of the Tongue, present two months.*

This case, shown by Mr. Dudley Wright on January 22nd, was an ulcerating gumma of the centre of the tongue. The ulcer was very deep, with dirty sloughing edges. The character of the ulcer was simple and no doubt could arise in the diagnosis. Mr. Dudley Wright purposely brought it before the meeting so that they could see the present condition. He intended treating the case with kali iod. in the 1x dilution, and showing it again at some future meeting.

Mr. James Johnstone said the diagnosis was simple, and advised kali iod. gr. 1—2 and locally ac. nitr. 3x as a wash.

CASE XXIII.—*An Ulcer of the Tongue of five years' duration.*

This case was shown by Dr. Washington Epps on January 22nd for suggestions as to treatment and diagnosis.

The patient, a man of 55, baker, formerly a sailor, had a chancre at 25, without sequelæ. About 5 or 6 years ago he first noticed his tongue sore. The patient was rather thin and much weather-beaten.

The tongue looked very raw, ulcerated and denuded of epithelium on the anterior half of the upper surface and edges, so that eating solids was an impossibility and the man lived on fluids. The right half of the tongue was thickened, giving somewhat the appearance and feel of a gumma. There were several white patches. The sub-maxillary lymphatic glands were normal.

The questions asked were, first, the nature of the lesion, syphilis, epithelioma or simple ulceration; second, if syphilitic, whether it was not unusual for an interval of twenty-five years to elapse, without other specific symptoms, between the initial lesion and the present condition of the tongue. The patient was free from scars on the trunk and limbs. He was taking ac. nitr. 3x.

Dr. Moir said that in any case the ulcers should be burnt with the acid nitrate of mercury.

Mr. Dudley Wright said the centre of the tongue was syphilitic, but that the edges had become cancerous. He advised kali iod. 1x, gtt. v., three or four times a day. He had seen many cases of syphilitic tongue quite clear up under kali iod. 1x. He gave ac. nitr. for ulceration of the tongue; mercurius in some form for ulceration of the pharynx and kali iodidum when the larynx was the part affected. Locally he advised in this case a lotion of chromic acid, gr. i. ad ʒi. The condition of leucoplakia was common to simple ulcer, tobacco smoking and syphilis. He thought the tongue markedly like one due to tobacco. He however thought the lesion precarious, and that it might go on to cancer. He would prohibit tobacco and alcohol.

Dr. Vincent Green suggested hydrastis, and Dr. Goldsbrough mentioned a similar case in which merc. corr. 12 gave most relief.

Case XXIV.—*A Case of Torticollis of supposed Rheumatic origin.*

Dr. Goldsbrough brought up this patient from his clinic on February 19th, and gave the following particulars.

"W. H., aged 40, clerk, unmarried, is suffering from spasmodic torticollis for which he sought relief. The trouble began gradually 18 months ago by a slight, sudden and often repeated rotation of the head to the left side. This has gradually increased. Five weeks ago he had tonsillitis, and since then the muscles at the back of the neck have felt weak so that at times he cannot raise his head. If he is riding in an omnibus and it stops his head drops. He feels a 'click' and a grating sound in the nape of his neck on voluntarily rotating it. Since the tonsillitis there has been some difficulty in opening the jaws. He is always well when lying down.

The personal history is good. He has never had syphilis and has always been of temperate habits. His parents are dead. One sister living and healthy. He thinks some members of his family have had rheumatism and gout. He has been six months under allopathic treatment, consisting mainly of bromide of soda and iodide of potash. He has been taking actea 4x since February 5th, since which time the spasm was worse the first week; since then the rotation has been less marked but the flexion has increased. Dr. Galley Blackley thought the lesion of rheumatic origin and due to exposure and advised faradism of both sterno-mastoid muscles.

Dr. Roberson Day advised ignatia and massage. Dr. C. Wolston, who saw the man as he was coming to the hospital, when the contraction of the muscles was much more marked, considered the case more choreic in origin.

Case XXV.—*A Tumour of the Eyelid.*

This most interesting case (which was shown on November 6th, 1896, and reported in this *Review* in January last, page 39) was again shown by Mr. Knox Shaw, March 5th, as the result of the treatment then advised was most satisfactory.

The history of the case, taken from Mr. Shaw's notes, is briefly as follows:—

C. T., aged 10 years, the eldest of three healthy children. When three weeks old she was noticed to have a small raised bluish lump on the nose, a little below the lachrymal sac. It increased in size to that of a pea, when it was removed by Mr. Charters Symonds at Guy's. It recurred, and was again removed six months later. In another eighteen months it again recurred and was removed. Ten months later the scar remained sound, and continued so until ten weeks ago, when a bluish black lump appeared in the old scar, which increased within a month to its present size (November 12th, 1896). There was then a red scar, reaching from the outer third of the lower lid to a little above the level of the inner canthus. In the centre of the lower part was a soft prominent swelling about the size of a Spanish nut, with a small ulcerated patch at its apex. Internal to this there was a patch of bluish black colour. Also two small detached black patches, situated on the skin on the side of the nose near the canthus. There was a distinct brown pigmentation of the skin around the tumour. Thuja 3x ♏v. t.d.s.

The three operations were performed at Guy's by Mr. Symonds; the tumour removed on the third occasion was examined microscopically and stated to be a sarcoma. At this time hydrarg. c. creta was given for about eight weeks without effect.

Thuja 3x was steadily continued from November 12th until Jan. 28th, during which time the notes state as follows:—

Nov. 19th. "Parents think the swelling is smaller, and it appears to me to be so; also a pigmentary patch which existed on the side of the nose has disappeared."

Nov. 26th. "There is a little abrasion on the surface of the nodule, which bleeds at times. The tumour certainly appears smaller."

Dec. 3rd. "During the night there is a little discharge of blood, the swelling is less prominent, and now has a sense of fluctuation."

Dec. 17th. "Swelling has ceased discharging blood, and is now *very markedly* smaller. It is barely raised above the surface of the skin. It is purplish in colour at its upper and inner side."

Dec. 31st. "The growth is steadily decreasing and appears now more as an induration of the tissues, etc."

Jan. 28th. "A week ago there was some hæmorrhage from the surface of the small flat mass. There is no increase of size. Sulphur 3x ordered for fourteen days."

Feb. 11th. "*In statu quo.* Thuja 6x, m̄v., t.d.s."

Feb. 25th. "No discharge. Tumour still smaller. Repeat."

At the consultation, one item of interest in the history was obtained, namely, that in June, 1896, the child had a blow on the cheek.

The change in the condition of the part was most marked. The tumour had almost entirely disappeared, whereas at the first consultation it appeared as a prominent object to the patient, now she could not see it. The scar in the middle of the cheek was somewhat hard, sunk and attached to the bone below. The skin of the inner and upper half of the cheek and upper half of the side of the nose was distinctly of a brown colour.

Case XXVI.—*Knee-joint Disease in a Youth, the subject of "Partial Cretinism (?)"*

This most interesting case was shown by Mr. Gerard Smith on March 5th. The patient was a youth, who appeared at first sight to be about 12 years old. He was in reality 19 years and 8 months old, weighed 4 st. 4 lbs., and was 4 ft. 8 inches high. He was quite undeveloped, and without any signs of puberty. His complexion was muddy and dull, teeth very irregular, brittle and carious. He had marks of ulceration at the corners of the mouth and on the lips and of keratitis. There were numerous scars from extensive necroses of bone in many parts of the body; the most extensive being on the frontal and parietal bones, and the bones in the right shoulder and left tibia, the sequestra having come away at various periods of his childhood. There was also evidence of an abscess of the left hip joint, and of infantile paralysis of the left leg.

He had also had several attacks of acute arthritis in different large joints, during past years, but not running a chronic course. At the time of the consultation he had, however, acute synovitis with effusion in the right knee joint. This had much improved under a month's course of kali iodid. 1x.

The diagnosis lay between the effects of congenital syphilis and tuberculosis. The former was considered to be the cause of all the lesions.

Dr. Epps suggested aurum and syphilinum as possible remedies.

P.S.—In the previous report, on page 39, Mr. Simon should read Mr. Charters Symonds; and on page 42, in the last paragraph, orchitis should be epididymitis, and orchitic should read epididymitic.

On page 144 Dr. Burford gives a full report of the operation performed on Case XII. in the last report, and on page 148 Dr. Roberson Day gives a full account of the case of three albinos in one family, shown on April 17th, 1896, and reported as Case XXX., page 367, vol. 40.

CLINICAL CASES.

By J. R. P. Lambert, M.D.

A Natrum Mur. Case.

Miss J., a pale girl of a muddy complexion, about 26 years of age, came to me on April 25, 1896, complaining of a variety of symptoms which I will enumerate. She said she had had a bad rash for four or five years on the chest, back and arms, which itched very much at night and came up in blisters. I found on examination a slight papular eruption with marked evidence of scratching. The irritation was worse at 10 p.m., and relieved by water. She also complained that her bowels were always constipated, and she took pills or Eno's Fruit Salt regularly, but Eno's had lost its effect. The bowels seldom acted more than twice a week. There was no inclination to stool, and the motions were dry, in small lumps. There was an aching crampy pain on defæcation lasting about 10 minutes. In addition to these symptoms she complained of dyspnœa and palpitation, heaviness after food, and sinking sensation in the abdomen between 10 and 11 a.m. The urine sometimes deposited a sediment. Catamenia regular and fairly free from pain. She was inclined to be low spirited and suffered from frontal and vertex headaches. She was somewhat anæmic, and there was a systolic bruit heard at the base, probably hæmic.

I ordered her nat. mur. 30, and a week later she

wrote from the country that she was very much better, the bowels were acting more regularly, and the irritation of the skin was better. I advised her to continue the medicine. I heard of her later several times that she was quite well. One bottle of the natrum mur. cured her.

The choice of medicines in this case lay between nat. mur. and sulphur. The general aspect of the patient, the condition of the skin and character of the constipation decided me to begin with the former, and keep sulphur in reserve to use if necessary, which it was not.

An Obstinate Case of Nocturnal Enuresis.

Ac. Phos. and Bell.

J. E., aged 13, had suffered from enuresis all his life. He had been under eminent allopathic and homœopathic treatment in London and Paris, has been sounded for stone and circumcised, but never been much bettered by the treatment.

I found on enquiry that he had to be wakened once or twice every night to avoid mishaps, and this was sometimes insufficient, and that he passed water every 2 hours in the day, and sometimes a great quantity. He was of a nervous temperament, very active and bright. His eyes were often blood-shot, and he occasionally had slight epistaxis from the right nostril. Bowels acted every other day. He never perspired, and slept very heavily. On these symptoms, without having had opportunity to examine the urine, I prescribed ac. phos. 3x in 2 or 3 drop doses. This was on May 2nd, 1895. I saw him again on the 22nd and made note "much better; has gone 2 weeks without being awakened and only one accident. Passes much less urine and does not go nearly so often during the day. Feels much better in himself. Examination of urine showed sp. gr. 1022; no albumen; numerous oxalate and uric acid crystals. The same medicine was continued. On June 12th I found he had not been quite so well, though still much better than he used to be. He seemed better when he had no supper. No change in diet had been made at any time. He was now given ac. phos. 12 ♏ iij. t.d.s. On July 19th he again reported himself much better, but frequent examination of the urine always showed uric acid, though the oxalates

gradually vanished. He was now given cocc. c. 12, and on the 31st the urine was for the first time free from uric acid (*post* or *propter hoc*), but showed numerous minute oxalates. Enuresis worse, four nights out of seven or eight. Ac. phos. 30 n. et m. He now went to Devonshire for his holidays, whence the report on Aug. 13th was favourable, but the next, on the 27th, stated that he was much worse. Enuresis every night, and sample of urine showed a lot of uric acid and oxalates. He was now given lycop. 30, n. et m., and ac. phos. 12x t.d.s.

Sept. 10th report.—"Has been waked every night, and apparently need for it. Eyes always bloodshot at night." Bell. 6, a powder every night. (This was ordered by synonym, and the chemists' locum dispensed atropine 6).

Sept. 18th. Much better, sleep less heavy, wakes himself, and his eyes less congested; during day micturition is normal. Rep.

October 24th report.—"Is quite well; does not need to get up, and has gone a month without mishap."

He was now sent to Harrow, and I did not see him again till June 13th, 1896, when note was made "has left off powders (*i.e.* atrop. 6) for several weeks and took them only occasionally during the winter. Is now run down and has had enuresis three successive nights; sleep very heavy." The atropine was again ordered at night and ac. phos. 3x t.d.s. July 7th.—I heard he had four mishaps running, and was run down from examination work, and strych. phos. $\frac{1}{200}$ gr. ij. t.d.s. was ordered, and he had a few days at home, during which he was much better, only one accident. The urine again showed a quantity of uric acid, and cocc. c. was repeated.

September 15.—I saw him again and he had gone six weeks with three accidents. The ocular conjunctiva still congested on waking. He perspires now, and has done so for some time. Bell. 30 a powder every night was ordered, and on January 25th, 1897, he reported no accident all last term. He had been instructed to take the medicine only occasionally. During the Christmas holidays he had a few accidents distinctly due to late dinners. He has been well again since.

It may be objected that the improvement in this case was due to the plain school diet, but during the early

months of treatment, when improvement was most marked, and that improvement permanent in respect of the frequency of micturition by day, during that period no change in diet was made at all, and I have no doubt that acid phos. was of great value in this case, and the prompt action of atropine 6 was also undoubted. I may add the reason I ordered belladonna by a synonym was because his mother had told me that every previous physician had added belladonna.

A CASE OF ACUTE THYROIDITIS.

By F. Layton Orr, M.D.

The patient was a girl aged 29, thin, neurotic, anæmic, and subject to neuralgic pains in head and abdomen. A soft goitre of a moderate size, and causing the patient no inconvenience, had been noticed for about six months before onset of this attack. There had been no marked increase in size during that time nor had any special treatment been applied to the goitre. Though the patient was not nor had ever been robust, there was no history of previous serious illness of any kind.

The swelling of the thyroid gland was preceded by several rigors and was coincident with the onset of menstruation. The latter was more profuse than usual. In 24 hours the thyroid gland increased to three times its natural size, forming a hard, tender swelling, the most prominent part being in the median line just above the sternum. Acute pains darted up and down the sides of the neck and head, in which parts there was a feeling of distension and throbbing. Swallowing became difficult and respiration impeded so that the patient could not lie down nor on her side. The temperature rose to 104°, pulse 96. The face was flushed: great restlessness and insomnia were also present and the patient was evidently in great distress.

A diagnosis of acute inflammation of the thyroid gland was made. Hot fomentations were applied. Acon. 1x and bellad. 1x were given every hour alternately.

During the next eight days the severe pain and tenderness in the neck abated, and the constitutional symp-

toms were not so marked, but the thyroid had increased in size, though much softer in consistence and fluctuating at points. The temperature became hectic in character, and there were profuse night sweats.

On the 12th day of illness there was a slight blush over the most prominent point of the tumour in the median line. Over this area distinct fluctuation could be obtained. An exploratory puncture was made into the swelling at this point with the object of letting out the supposed pent-up serum or pus, but none came away. An incision about one inch in length was then made deep into the substance of the gland, when the swelling was found to be semi-solid in character, though very soft.

Great relief of pain and of feeling of tension followed the operation. The temperature fell next day to 100.6. It had previously been between 101.5 and 102.5.

During the subsequent course of the illness, which lasted six weeks in all, the thyroid slowly shrank and hardened. There was slight but continuous oozing from the wound in the neck for about two months. The temperature fell to normal 14 days after the incision was made.

The patient was seen six months later, when she stated that there had been no further trouble with the neck. The thyroid was slightly larger than normal, but the sinus had quite healed.

As regards medicinal treatment, the aconite was discontinued after the first two days, but the belladonna was kept up throughout except for one week. It appeared to control the reflex pains in the neck. Iodine 1x was painted on the gland for about a week following the incision, and iodine 3x was given internally, but, as there was complaint of increased pain, heat and throbbing in the tumour, they were discontinued, and ars. iod. 3x was given alternately with bell. 1x three times a day. The night sweats and fever abated, and the patient gradually regained her strength under this treatment.

Remarks.—The case is of interest owing to its rarity. Erichsen says: "Acute bronchocele has been met with sporadically and epidemically, and in young subjects." Berry notes "the comparative frequency of these acute enlargements of the thyroid about the age of puberty."

He says, "of 27 deaths from this cause 12 occurred between the ages of 13 and 16." In one fatal case, the gland was found to be the seat of a recent hæmorrhage and the kidneys to be chronically inflamed. Dr. Barlow, in *Lancet* of 1887, reports a case of thyroiditis in a boy of three years, who was convalescent from an attack of erythema nodosum. "The swelling came on with a temperature of 103° and lasted in its acute phase for four days. Complete resolution occurred in two weeks." In my case, there is no doubt that the incision into the gland gave great relief by lessening the tension of the fascia covering the gland and allowing the oozing of the œdematous tissues to take place.

I can give no reason for the origin of the inflammation beyond the anæmic condition.

As regards the pathology of acute thyroiditis, I cannot do better than quote from Dr. Hughes' Pharmaco-dynamics, page 548: "The albuminous matter which the thyroid body separates from its large supply of blood is contained in the interstices of its honeycomb-like structure, and is probably taken up from thence by its no less abundant lymphatics. Simple bronchocele seems to be a failure on the part of the lymphatics to undertake this absorption, so that the secretion accumulates, and this, and not any increase in its fibrous or connective tissue, constitutes, at first at least, the hypertrophy of the gland. It may come on rapidly, like the splenic enlargement of ague, and like that may rapidly subside. In old and hard goitres, of course, the stroma itself must have become thickened and the fluid possibly absorbed. These are permanent."

The character of the tumour in the above case would tend to confirm what Dr. Hughes says.

The swelling was very hard at first, owing to *extreme* accumulation of the albuminous matter in the interstices of the honeycomb-like gland. As the fluid became absorbed the swelling became softer, and gave the signs of free fluid contained within a capsule. This fluid, however, was not really free; it was held by the gland as by a sponge, and so did not come away to any extent when an incision into the gland was made. In time, however, the excess of fluid oozed away or became absorbed by the lymphatics, and the gland returned to the same size as it was before.

As regards the use of iodine in this case, I feel sorry that I did not use higher dilutions of iodine. There is reason to believe (*vide* Hughes' Pharmaco-dynamics) that "Iodine acts homœopathically in the cure of the recent, simple and soft goitre which depends on unabsorbed secretion." The low dilutions of 1x and 3x that were used by me appeared to aggravate the inflammatory condition, higher ones might not have done so. Of course, in the ordinary, soft, non-inflammatory goitre where we so often use iodine locally, there can be no *homœopathic* action. The drug acts as a counter-irritant and stimulant, causing increased absorption of the excess of fluid.

REPORT OF THREE CASES OF PNEUMONIA, SIMULATING OTHER DISEASES.*

Reported by Chas. A. François.

Case of H. T., æt. 11.

This boy came to the out-patients' dispensary on the 2nd of February, complaining of general malaise, weakness and lassitude of three or four days' duration, but looking exceedingly ill, the temperature being 103°. Nothing definite could be elicited from the mother beyond a little constipation, and that the child had not been himself. The previous history of the patient is not at all good, as though beyond suffering from the diseases incidental to childhood he had been well, the family history is distinctly bad, the father and mother being both pronounced neurotics, the father suffering (and having suffered for a long time) from mitral disease, and a neurotic affection of the heart which for want of a better name must be called tachycardia. The brothers and sisters are constantly ill and generally are weak.

State on Admission.—The cheeks were flushed; the eyes glistening, the expression being anxious and denoting pain; the skin was hot and dry; thirst was intense, but there was no desire for food. The general expression of the patient being so urgent, he was immediately

* Treated in the Birmingham Homœopathic Hospital under the care of Dr. J. Gibbs Blake.

taken into the house. The temperature was found to be 103°, the breathing laboured and frequent.

Physical Examination.—The lungs were found normal both on percussion and auscultation. The heart: the apex beat was diffuse and found at about the 4th intercostal space; mitral and tricuspid murmurs so slight as to be almost overlooked were present, the area of cardiac dulness was enlarged, the right border corresponding to the left margin of the sternum, and the left margin about 4½ in. from the sternum. The abdomen was distended, there being slight pain in the right iliac fossa; the liver and spleen were normal; there was constipation of three or four days' duration; the urine was febrile; the tongue was furred.

February 3rd. At 10 a.m. the following day the temperature had fallen to 101°; at 2 p.m. it rose again to 104°, falling at 6 p.m. to 101°, and at 10 p.m. to 100°. The physical signs were unaltered, save for a slight increase in the abdominal distention; the cardiac signs being unaltered as also the pulmonary.

February 4th. From 100° at 10 p.m. on the 3rd the temperature gradually but steadily rose, till at 10 a.m. it again reached its maximum 103.6°, and falling gradually to 102° at 10 p.m. on February 5th, the physical signs being still unaltered, the temperature rising on this day to 103.6° at 10 a.m. Keeping at this register till 2 p.m. then gradually falling to 102° at 6 a.m., rising February 6th again to 104° at 10 a.m. the same day. The cardiac symptoms were more prominent, the murmurs being more accentuated, but the apex beat being nearer the normal line. As the patient was still constipated and the abdominal distention had increased, an enema was given. From this time onwards the temperature fell, till at 2 p.m. on the 7th it touched the normal line, gradually rising again at 10 p.m. to 100° on the 8th of February (the 10th day of the illness); slight dulness could be made out at the left bases (of the lower and upper lobes) but nothing prominent, and save for a few rhonchi the breath sounds were normal, the temperature from this date keeping normal, reaching 97° at 6 a.m. on the 10th and keeping between this and 98° till the 16th, rising to 99.4° on the 17th when the pulmonary dulness was quite marked. There had been no cough and no sputum throughout;

now there was a slight quantity of expectoration. The temperature kept at the normal register till he was discharged cured on the 4th instant.

This case is particularly interesting because of the confusion of symptoms, viz., those of enteric fever, pericarditis and pneumonia, the case turning out eventually to be pneumonia, and is a good illustration of the dilemma the medical man is often in when asked by a patient's relative to give "a local habitation and a name" to a disease or a train of symptoms. The treatment was spigelia 1x m. ii., aconite 2x m. ii. alternately every 2 hours on the 4th of Feb., and baptisia ϕ m. ii. every 3 hours on the 5th, and bry. 1x m. iii. every 4 hours on the 11th till his dismissal.

CASE II.

E. S., æt. 8 years. Admitted Feb. 19th, 1897. This child was seen at his own home on the above date, when his appearance and high temperature, 105°, made it desirable that he should be removed at once and placed under proper care.

History of the Illness. — Two days previously the child had been noticed to lag and to show want of the usual inclination to play with its fellows, and on the 18th he was kept from school, complaining as he did of pains in his joints, but his answers were vague. Whilst complaining on being closely questioned he would deny the existence of pain altogether at other times, unless pain was suggested. He also complained of pain in the abdomen over the right iliac fossa and round the umbilicus.

Past History reveals nothing of importance.

Family History good.

Physical Examination.—The area of cardiac dulness was normal; right border 1 in. from left sternal margin, left border 4½ ins. The beats were frequent, 120-140 per minute, but quite free from murmurs of any kind.

The lungs were normal on percussion and auscultation, save that the breath sounds were a trifle harsh at the right base; the respirations were increased in frequency to 30 or 40 per minute.

The liver and spleen and stomach were normal.

The abdomen was swollen and tympanitic, the right iliac fossa, particularly so, and pain could be elicited on pressure. There were no other signs. Urine albuminous.

State on Admission—This patient exhibited in every way a typically febrile condition. The eyes were shining, the skin hot and dry and drawn over the nose, the hair harsh to the feel. The body was emaciated, the chest was inclined to be pigeon-shaped, but not in a marked degree; there was occasionally a fit of quiet delirium which only lasted for a very short period.

The febrile condition showed no signs of abatement till 6 a.m. on the following day, when it fell 2° to 103° rising during the next four hours to 103.8° continuing at that for the next 12 hours, when he was sponged all over with hot water. This brought the temperature down to 102.4°, the temperature having a downward tendency till it reached 101° at 6 a.m. on the 21st, to rise again four hours later to 104°, where it remained for the next eight hours. There was now some perspiration noticed about the lips, root of the nose, and forehead, and also herpes at the alæ nasi and on the lips. The temperature kept falling till at 2 p.m. on the 22nd it touched the normal register. On this date there were noticed considerable patches of dulness over the right lung; there was a little (but very little) expectoration. At normal the temperature did not remain, but reached 100° at 10 p.m. on the same day. From now it never rose above the normal register till his discharge on the 3rd instant.

Remarks on Case II.—The high temperature will strike one at first, showing some acute mischief which might be put down to acute rheumatism, scarlet fever, enteric fever or pneumonia. The first two it could not possibly be, as there were no diagnostic signs and no symptoms thereof. The general appearance of the patient, with the physical signs, pointed clearly to some enteric mischief, yet a consideration of the chart could not long leave one in doubt. The point seems to me to be the patchy character of the dulness, which only made its appearance on the fifth day of the illness, and consideration will soon convince one that the case was one of pneumonia. The treatment was acon. 2x, bry. 1x, from the second to the ninth day of illness, and then as there still persisted some dulness, sulphur 3x till his dismissal cured.

Case III.

E. S., æt. 14, admitted February 12th, 1897.—This patient was seen at her own home, when the temperature

reaching 103° and the whole of the left side being dull, she was taken into the house.

History of Present Illness.—This girl started menstruating for the first time a week before she was first seen on the 11th Feb.; she complained of pains all over, and this was generally attributed to her menstruation, and when first seen there was a good deal of pain in both ovarian regions, and also some arthritic pains, but a casual examination soon satisfied one that there was something else. There was a slight hacking cough and no sputum, indeed all the time the girl was in the wards there was no expectoration.

Past History. — Shows absolutely nothing beyond measles and scarlet fever. The family history is good.

Physical Examination. — Heart. The heart was normal as regards position, the apex beat rather diffused and accompanied by a thrill; the pulse was 120-130 per minute. The lungs on inspection seemed to expand equally on both sides, percussion revealed nothing at the front and back, but a large area of dulness could be detected on the left side under the axilla which gradually extended until it involved the whole of that side. The respirations were shallow, frequent (25-35 per minute) and laboured. The other viscera were normal, the urine showing traces of albumen. So far there was nothing to point definitely to pneumonia, and the dulness was ascribed to pleuritic effusion.

State on Admission.—The usual febrile symptoms were present. Course of the temperature: On admission the thermometer only registered 100.2°, but the temperature steadily rose till on the evening of the next day (February 13) it stood at 102° although then on aconite 2x and phosph. 3x, of each ♏iii alternately every two hours. The next morning it fell to 100°, rising only 1 degree on the evening of the same day and reaching again 100° on the following morning (February 15) to reach its maximum in the evening 102.8°, and reaching the normal on the following morning to rise again in the evening to its former register 102.8°; from this date (February 16) it kept up at 101° for 3 days, following the slightly above normal line of 99° for 4 days, and then showing again a morning fall of 1 degree and an evening rise of 1.4, twice touching 100° until within a week of the patient's discharge on the 10th.

The dulness increased from the axillary line to the whole side from the 12th to the 19th, and then began to disappear and distinct crepitation could be made out, and also patches of dulness both in the left and *right* side, these again disappearing until the patient's discharge with only a slight amount of dulness at the left base remaining. Half ounce doses of brandy were given on the 16th for 24 hours as the heart sounds were indistinct and feeble, and this was replaced on the 18th by ʒi. doses of kola cordial (Parke Davis') which was found to answer admirably, as although its stimulating effects did not come on as rapidly as that of the brandy it lasted for a much longer period, and on the whole was more satisfactory. The patient was kept on phosphorus 3x alone from the 16th, and is now taking sulphur 3x as an out-patient and doing well. On the whole this is a most satisfactory and interesting case of pneumonia, showing at first absence of conclusive physical signs on the left side, except of pleural effusion. Crepitation appeared on absorption of the fluid. Another point of interest is the patches on the right side which the most careful examination failed to reveal until the patient was almost recovering.

HAHNEMANN'S CINCHONA EXPERIMENT AND ITS CRITICS.

By Dr. Fröhling of Heilbronn.*

For long there has been a controversy as to whether Hahnemann's observations respecting his well-known cinchona experiment, which furnished the clue to the discovery of homœopathy, were correct, *i.e.*, whether he actually observed on himself a cinchona fever similar to intermittent fever.

As far as I know the allopaths have hitherto emphatically denied this, and have often made merry over Hahnemann and his discovery of homœopathy. It naturally cannot be indifferent to us homœopaths whether this observation of Hahnemann was able to meet successfully a scientific criticism or not, whether our method was discovered under a scientific mistake or not. But homœopathy would not be materially injured even though Hahnemann had made a false deduction from that experiment of his, for the principle *similia*

* From the *Allg. Hom. Zeit.*, Jan. 1st, 1897.

similibus has been hundreds of times proved to be correct, to the satisfaction of all who will take the trouble to enquire. But there are some, even in the homœopathic camp, who have expressed doubts about the cinchona experiment. Not long since Dr. Wapler of Leipzic, in his controversy with Councillor Dr. O. Schwartz of Cologne, said something in this sense. In the fifth and sixth Nos. of the last volume of this *Journal* he says: "Dr. Schwartz thinks that a conscientious and impartial employment of the scientifically critical mode of investigation must have convinced us that cinchona bark, even in the preparation described by Hahnemann, does not excite fever either in healthy human beings or in animals, and moreover no other authentic observation can be adduced in proof of the Hahnemannian principle.

"Had Dr. Schwartz seen Von Bakody's article 'On Koch's Method of Treatment,' he would have learned that the critically minded followers of Hahnemann do not, in fact, look upon the anti-parasitically acting quinine as a specifically homœopathic remedy for ague; seeing that subsequent provers have never showed in their provings the production of a distinct paroxysm of ague. In the article mentioned, Von Bakody gives a plausible explanation as to how it happened that Hahnemann, whose acute observing faculty admits of no doubt, came to the conclusion that cinchona bark is a drug that produces intermittent febrile states. Von Bakody thinks that Hahnemann during his residence in Transylvania, as physician to the Governor Baron von Bruckenthal, garnered up in his spleen a store of malarial parasites by inspiring the Hungarian marsh air; owing to his robust constitution these parasites caused but little irritation until he commenced to make his proving of cinchona bark. By means of quinine which, as is well known, is at once 'a driver and a hunter,' the dormant disease-exciters are rendered mobile, are driven into the blood-stream and thus the phenomena of intermittent fever are developed.

"If we are unable to regard quinine in malarial disease—and I might include a number of other approved remedies such as iodide of potassium in syphilis, salicylate of soda in articular rheumatism—as a medicine whose therapeutic action is based on the biological law of similars; on the other hand there is an

overwhelming sufficiency of examples in proof of the correctness of Hahnemann's principle, *similia similibus.*"

In opposition to this, I may be permitted to quote what Professor L. Lewin, the well-known Berlin pharmacologist, says in his book, *The Collateral Actions of Medicines*, on this subject:—

"*The Quinine Fever.*

"In some of the reported cases of tetanus mention is made of fever preceding the convulsions. This much spoken of and disputed quinine fever comes, as we learn, from older and more recent publications, pretty frequently alone, or in conjunction with some other collateral effects of quinine, for example, the cutaneous affections. Nothing analogous is found in other fever remedies, so that this peculiar phenomenon is singular and unique. It is beyond a doubt that for its occurrence all that is required is a peculiar individuality. When this is present, very small quantities of quinine, *e.g.*, 0.06 gramme, will produce this effect (Peters, *The Lancet*, 1889, 5th Oct., p. 727), Experiments on animals which were made with another object, but bearing on this subject, have shown that, *e.g.*, an insufficient and unsuitable nutrition in rabbits caused a contrary reaction towards *Heujauche.** In place of the typical fever-exciting action of this substance there occurred a fall in the bodily temperature (Aronsohn, *Deutsche Medic. Wochenschr.* 1888, Nos. 3 and 4). It is not improbable that similar conditions in human beings, such as long continued dyscrasia, may exercise an influence in the production of a paradoxical increase of temperature. But on the other hand, cases have been observed in which the quinine fever occurred where bodily weakness was not present. The corresponding much-doubted observation of Hahnemann on himself, where, after taking a large dose of cinchona bark, he had an attack of ague similar to the marsh intermittent fever, must therefore be regarded as reliable. The attack of fever in many cases resembles a paroxysm of intermittent fever; chill, then dry heat with headache, and lastly, as the fever declined, sweat. (Bretonneau, *Journ. des*

* I do not know what this is; it is probably some fluid obtained from decomposed hay, which has the property of causing fever when injected hypodermically in rabbits.—*Tr.*

Connaissances Medico-Chirurg., Paris, 1833, I.) In the case of a patient affected with intermittent fever, the two similar febrile states may follow one another. Thus, a girl, æt. 7, after the third dose, 0.06 gramme, of sulphate of quinine, had chilliness and rigor, after 14 to 20 minutes, general heat, and after 30 minutes more, sweat. Then the proper paroxysm of intermittent fever came on at the usual time. Further doses of sulphate of quinine produced other febrile attacks, until both these and the original disease disappeared. Such attacks are usually preceded by an intoxicated state, tinnitus aurium, or other affections of the auditory sense.

"They may also terminate without sweat. Thus in one case, one hour after the ingestion of 0.2 and even of 0.1 gramme of hydrochlorate of quinine, confusion of the head, exhaustion and a sensation of great weakness was observed. Then, after two hours, a violent rigor ensued, whilst the temperature in the rectum rose to 40.3° C. It then fell down to the normal. This group of symptoms was repeated after every administration of quinine.

"That the same thing may happen also after taking a decoction of cinchona, has already been noticed (Pfluger, *Berliner Klin. Wochenschr.*, 1887, p. 547). After the 21st spoonful of a decoct. chinæ (30.0 : 200.0) there occurred rigor and violent fever, accompanied by a cutaneous eruption.

"A careful observation shows the course of such a quinine fever (Herrlich, *Charité Annalen*, 1885, bd. x, p. 232). An anæmic girl suffering from malarial fever, took at 8 p.m. 0.05 gr. sulphate of quinine. In the night she had rigor, heat, and all the phenomena of a paroxysm of typical intermittent. The temperature of the body the following morning was 39°, noon 39.7°, evening 38.8° C. The fever thus lasted 24 hours. The experiment repeated a few days later produced the following effect: At 8 p.m. 0.75 gramme of sulphate of quinine was taken. Temperature at midnight 40°C., the next morning 40° C. gradually falling to 38° in the evening, and on the morning of the third day it was still 38.2° C.

"The precise cause of such contrary action is unknown and will probably never be discovered. I cannot agree with the opinion that the attack of fever was caused in

this way, that the quinine in consequence of its property of attacking the spleen sets the malaria-germ, in the case of a certain idiosycrasy, in motion in an explosive manner, shakes it up and brings it into the circulation. How then could we account for the occurrence of the quinine fever when there is no question of malaria or of any disease caused by infection? More plausible are the explanations that ascribe the febrile paroxysm to a peculiar mode of action of the heat centra. These thermogenetic centra, in the case of a paradoxical increase of temperature, are supposed to be irritated by changes in their vascular system. These centra lie in the most vascular region of the brain, in the immediate neighbourhood of the plexus chorioideus and on the medial side of the corpus striatum and thalamus opticus. It is just here that alterations in the vessels are most frequent. This, in conjunction with the frequently observed influence of quinine on the cutaneous and other vessels may, where there is present an increased susceptibility for such action, permit of the occurrence of these phenomena."

Thus far Professsor Lewin. We may now proceed to draw our conclusions from what has just been stated.

The first circumstance I would mention is that cinchona bark is capable of producing the quinine fever in human beings, that this phenomenon frequently occurs, and lastly that this fever frequently assumes a typus precisely similar to that of intermittent fever. Lewin calls this a contrary action. For us homœopaths, in the light of our therapeutic law, it cannot be regarded as contrary. For the occurrence of fever after taking quinine has been too often recorded in medical literature to permit of our considering it anything else but a specific action on the human organism peculiar to quinine. Lewin is certainly right in denying the correctness of the explanation of the quinine fever as though this drug set in motion explosively the malarial germs lying dormant in the spleen. For besides, that the quinine fever even in a malarial patient and the malarial fever have nothing to do with one another, is shown by the fact that cases have been observed in which the fever germ of quinine fever first, and afterwards, at the usual time, the proper intermittent fever paroxysm occurred. If in some of the observations the quinine

fever occurred in malarial patients there are many other cases known in which the quinine fever did not show itself beside the malarial fever or any other febrile affection, so that, from the homœopathic point of view, we must consider these as cases of pure quinine fever. The explanation given by Lewin of this fever as caused by excitation of the heat centres, appears to me more plausible. This explanation does not militate against the principle *similia similibus*.

Further, I would observe that from what is stated above, Hahnemann's observation respecting his experiment with cinchona is quite trustworthy, and that his inference from it is absolutely correct, when he sought to explain this cinchona fever by *similia similibus*. Consequently we homœopaths have no reason whatever to allow ourselves to be brow-beaten by the assertions of ignorant allopaths, as Dr. Schwartz attempts to do in the passage quoted above. There is no need for our giving any other explanation of the action of cinchona in malarial fever than that given by Hahnemann. Von Bakody's suggestion that Hahnemann had taken into himself malaria-germs in Transylvania, is a hypothesis that can never be verified. After Lewin's remarks it appears to me to be quite superfluous.

In conclusion, I desire to express the great pleasure it gives me to find Hahnemann completely justified by the allopathic side, his observations on himself in his cinchona experiment being acknowledged correct, as has been done by Lewin, the greatest allopathic authority on Materia Medica.

REVIEWS.

The Medical Annual and Practitioner's Index: a Work of Reference for Medical Practitioners. 1897; fifteenth year. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co.

One of the most interesting articles in the "New Remedies" is the last—on "Urotropine." It is a summary of a paper by Dr. Arthur Nicholaier of Göttingen, in the *Deutsche Medicinische Wochenschrift*, August 22nd, 1895. This agent, hexamethylenetetramine, is brought forward as a diuretic and as a remedy in the treatment of the uric acid diathesis. If the claims of Dr. Nicholaier can be substantiated, it is

strange that so long a time has elapsed (since August, 1895) without more being heard of the use of this substance. When given even in small doses (5 to 10 grains) "uric acid and sedimentary urates, previously present in large quantities, no longer appear. The urine gains certain properties that make it a uric acid solvent." Even small uric acid calculi are markedly acted upon. If given in large doses, 90 to 100 grains, certain so-called physiological (poisonous) results appear in the shape of urethral, vesical and renal irritation, even red blood cells being found in the urine; pyknuria (frequent micturition) is also induced.

Clinically speaking some cases of albuminuria with casts and red blood corpuscles in the urinary sediment before the urotropine was administered showed a diminution in the quantity of albumen and the morphotic elements while under the influence of the drug.

Nicholaier also avers "that urotropine hinders the ammoniacal decomposition of the urine, and that this effect may be obtained by giving daily doses of from 7½ to 22 grains." "Alkaline and putrid urines containing mucus in excess. . . were rapidly restored to a normal appearance and an acid reaction. The urine was sterilized and increased in quantity and calculi and deposits were dissolved." Claims similar to this, though perhaps less pretentious, were put forward on behalf of piperazin some time ago, but it has been tested clinically and is often found wanting. We shall look with interest for further information respecting this new preparation.

The new serum therapeutics and "glandular therapeutics" both occupy a fairly prominent position among the new remedies, and an interesting summary of their present position is given. "Stypticin" the hydrochloride of cotarnin, "one of the oxidation products of the opium alkaloid narcotin," is advanced as a valuable remedy in uterine hæmorrhage, unsuited, however, for bleeding due to fibroids and to that of threatened abortion.

"Serpent venom" and "antivenene" have been studied in an interesting series of experiments by Professor Fraser, of Edinburgh. Attention is drawn to the erysipelatoid dermatitis due to handling rhus toxicodendron, but no therapeutic suggestion is thrown out in connection with this well-known fact—even by Dr. Murrell. The same is true of the remarks about primula obconica.

In a short reference to Ferrum we see no mention of the protoxalate though we believe this has been used with exceptional success in anæmia.

We have already said enough to show that the current issue of the *Medical Annual* is not less interesting than its predecessors. In the "new treatment" section, by far the largest in the book, the diagnosis and course of various conditions is also discussed. All the articles we have read are interesting and most of them instructive. We should mention especially "Bright's disease," in which, amongst other things, the lesson is unconsciously taught that pathological theories are not yet always a safe basis for treatment. Loose bodies in joints, red light in small-pox, scoliosis, asthma and all Hurry Fenwick's contributions on kidney and bladder, are worth reading.

The usual chapters on sanitation, new surgical appliances, useful addresses and advertisements complete the volume, which we cordially commend to our readers.

Manual of Pathology. By GEORGE F. WASHBURNE, M.D., Professor of Pathology in the Chicago Homœopathic Medical College. Chicago Medical Century Company. 1896. THIS little work of 115 small pages, in good type, handy in shape and arrangement, has much more claim to the term "manual" than the majority of the many paged and many volumed works which are issued under that name. It is what the author intends it to be, a primer in pathology intended only for the student who wishes to have a first and comprehensive grasp of the science. The subject matter is confined to a brief and concise consideration of the fundamental principles and essentials which are necessary to form a working basis for more minute study. The pathology of special parts is therefore not attempted.

The introductory chapter deals in a brief and simple way with the general *modus operandi* of diseases and with their classification. In the enumeration of the modes in which disease processes extend in the body there is no mention made of such as apply to the varied actions of specific micro-organisms. The number of diseases, many of them of first importance, known to be due to special bacteria, is now so large that no work on pathology, however elementary, should fail to take due account of them. The omission of this point from the first chapter might be overlooked were it not that the author has been consistent and persisted in the omission throughout the book, or has at least given it but scant appreciation. This is most apparent in the chapters on Inflammation. Here are stated and discussed the two rival theories of Virchow and Cohnheim. But both are viewed less favourably by the author than the theory of Heitzman, who holds that out of the basic connective tissue substance a

new embryonic corpuscle is formed in contra-distinction to the stable connective tissue corpuscle of Virchow; and that both—the one produced from basic substance, the other from parent cells—unite and co-operate as inflammatory corpuscles in the process of tissue formation. In his leaning toward this theory of Heitzman, the author has certainly taken up a somewhat isolated position. The majority of pathologists do not hold with him here. He would have been more in accord with current thought and work to have at least mentioned the classical work now being done by Metchnikoff, wherein is shown the intimate relation of inflammation to micro-organisms as a cause. This subject, only very briefly touched upon, really deserves more exhaustive notice than the earlier theories. Another example may be taken of this sub-ordinating of the micro-organism. Chapter V. contains an excellent description of the inflammatory processes as seen in the acute form in croupous pneumonia, and in the slower form, *i.e.*, phthisis. He closes a graphic description of the various stages in the pathology of pneumonia by saying, "The exudate," (in hepatization) "*may also* contain certain pathogenic microbes, the micro-cocci, etc." But no reference is made to the special rôle they play, though he allows incidentally by the use of the word "pathogenic" that they do act a special part.

Of the remaining subjects treated, those on thrombosis, embolism and tumours are particularly well handled in a clear and graphic manner. The text is well illustrated throughout by numerous diagrams, the majority of which are original. The author has been particularly fortunate in the designing of certain diagrammatic illustrations, which are better calculated to bring out the leading points in certain processes than more elaborated attempts at actual reproduction.

The advantage of the book to the student is materially enhanced by the quiz column of questions at the end of each chapter.

We have no doubt that the manual will have a large and well merited circulation in the American schools.

MEETINGS.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL.

Annual Meeting.

The eighth annual general meeting of this Hospital was held at the Hospital in the Widmore Road, Bromley, on Friday, February 26th.

The Hon. Secretary read the report for the year, from which we quote :—"During the year, 88 in-patients have been treated, of whom 56 were discharged cured, and 20 improved in greater or less degree. The number of visits paid to patients at their homes amounted to 1,665, showing a considerable increase above those of the previous year, which numbered 1,899. Notwithstanding this increase, the out-patient attendances at the dispensary have been maintained at about the same level as those of the preceding year, and have amounted to 1,719. In this department, 327 new patients were attended. The operations performed numbered 35. It is satisfactory to record the fact that not a single death occurred during the past year, although several dangerous and critical cases were received, including typhoid and others. . . . The total ordinary income of the year, from all sources, has maintained the general level of the past three years, having amounted to £556 17s. 9d., while the current expenditure during the twelve months has been £577 2s. 11d. . . . The annual subscriptions have again furnished little more than two-fifths of the amount of the total ordinary expenditure, leaving the committee to rely on other sources for the larger portion. In consequence of removals to distant parts and losses by death, a number of these subscriptions will be discontinued in future. . . . The sum of £570 8s. 8d. has been added to the new building fund during the twelve months under review. . . . It will therefore be necessary, in order to complete the scheme for the erection of a suitable modern hospital, to obtain a further sum of at least £2,500. . . . It has been suggested, and the committee fully endorse the proposition, that the unprecedented length of her Majesty's glorious reign might be celebrated locally by raising sufficient money before the sixtieth anniversary in June next, for the purpose of rebuilding this hospital. . . . In conclusion, the committee earnestly appeal to their numerous friends and supporters for a continuance of their active endeavours to replace the loss in annual subscriptions before referred to."

(We are pleased to note that a sum of nearly £1,000 has been subscribed to the building fund since the beginning of the year.)

The President (Mr. Walter Murton, C.B.), in moving the adoption of the report, thanked Dr. Madden and Dr. Thomas (the medical officers) for their valuable services, which had produced such an excellent record of work. The weekly cost of each patient had been reduced to £1 14s. 5d., and even this would, it was hoped, be diminished in the new and larger hospital.

The question was raised during the evening as to whether any space in the hospital would be used for the practice of vivisection; in answer to which Dr. Madden said that, "speaking for himself and Dr. Thomas, they would be perfectly willing that the fundamental laws be that no experiment on living animals be made."

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

Post-Graduate Courses in General Medicine and Surgery, and in Special Branches.

Summer Session, May-July, 1897.

We have received the following circular, which, by the date of publication of our *Review*, will probably be in the hands of most of our readers. For the benefit of any who may not have received it we reproduce it here:—

Dear Sir,—The medical staff of this hospital have arranged to carry on, during the summer session, daily courses of lecture-demonstrations, embracing general medicine and surgery, and all special branches.

The leading features of this series are as follow:—

(1) The actual demonstration of cases under treatment will occupy the chief part of each course. These cases will be as various and as informing as possible.

(2) The cases will further be made the occasion for a brief *résumé* of the salient points in the nature, diagnosis, and treatment of the disease, up to date.

(3) Two lecture-demonstrations will be given on each working day, and these will be so arranged that gentlemen may take the whole sessional series, or merely the lecture-demonstrations of one or more particular courses.

(4) The majority of the courses will comprise twelve lecture-demonstrations in each, and priority and special facilities will be given to those gentlemen definitely entering for any of the courses before their commencement.

The large clinical resources of the hospital will be freely utilised, so as to make the lecture-demonstrations as practical, as complete, and as useful as possible.

The lecture fees for any or all of the sessional courses will be three guineas, excepting to members of the British Homœopathic Society, from whom no fee is exigible.

The Secretaries will be glad to receive the names of qualified gentlemen desiring to enter for any or all of the Sessional Courses before April 30, 1897.

George Burford, } *Hon. Secs.*
Dudley Wright, }

PROGRAMME.

Dr. GALLEY BLACKLEY (Senior Physician).—
On the Pathology and Therapeutics of the Blood. 8 p.m. on alternate Fridays, May 14—28, June 11—25, July 9—23.

Dr. BYRES MOIR.—
On Cardiac Disease and other Subjects. 8 p.m. on each Monday in May, June, and July.

C. KNOX SHAW, Esq. (Surgeon to the Hospital).—
On General Surgery. 4.30 p.m. on Mondays in May and June. (See also Ophthalmology.)

DUDLEY WRIGHT, Esq. (Assistant Surgeon).—
On General Surgery. 4.30 p.m. on Fridays in June and July. (See also Aural Disease.)

Dr. GEORGE BURFORD (Physician for Diseases of Women).—
On Practical Gynæcology. 8 p.m. on alternate Wednesdays, May 12—26, June 9—23, July 7—21.

Dr. E. A. NEATBY (Assistant Physician for Diseases of Women).—
On Practical Gynæcology. 8 p.m. on alternate Wednesdays, May 5—19, June 2—16, July 14—30.

Dr. WASHINGTON EPPS.—
On Diseases of the Skin. 8 p.m. on Thursdays in May, June and July.

Dr. G. F. GOLDSBROUGH (Assistant Physician).—
On Diseases of the Nervous System. 4.30 p.m. on Tuesdays in May, June and July.

Dr. ROBERSON DAY (Physician for Diseases of Children).—
On Diseases of Children. 4.30 p.m. on Wednesdays in May and June. (See also Anæsthetics.)

Dr. R. E. DUDGEON (Consulting Physician).—
On the Pulse, and the Practical Use of the Sphygmograph. 10 a.m. on Saturdays in May.

GERARD SMITH, Esq.—
On Practical Orthopædics. 10 a.m. on Saturdays in June and July.

C. KNOX SHAW, Esq. (Ophthalmic Surgeon).—
On Ophthalmic Practice. 4.30 p.m. on Mondays in July.

DUDLEY WRIGHT, Esq. (Aural Department).—
On Aural Disease. 4.30. p.m. on Fridays in May.

JAMES JOHNSTONE, Esq. (Assistant Surgeon and Pathologist).—
On Practical Pathology and Bacteriology. 4.30 p.m. on Thursdays in May, June, and July.

Dr. ROBERSON DAY (Senior Anæsthetist).—
On Anæsthetics and their Administration. 4.30 p.m. on Wednesdays in July. (See also Diseases of Children.)

The Medical Staff.—
Consultations. 8 p.m. on alternate Fridays, May 17—21, June 4—18, July 2—16.
The Surgeons.—
Surgical Operations. 2.30 p.m. on Tuesdays in May, June and July.

HAHNEMANN CONVALESCENT HOME AND DISPENSARIES, BOURNEMOUTH.

The committee of this Institution in presenting their report for last year draw attention to the fact that the convalescents admitted (numbering 148) came from all parts of the country, London sending the largest contingent.

"The expenditure for 1896 amounts to £1,114 7s. 6d., and the gross receipts to £1,182 13s. 11d. . . . . The financial year has closed with a balance of £100 18s. 8d. against the institution, but this is a reduction by £18 of the adverse balance with which the year began. . . . . The vacancy in the medical staff caused by the retirement of Dr. Pullar has been filled by the appointment of Dr. B. W. Nankivell."

"For the third year in succession there has been a notable increase in the number of patients visited at the Homes and at the Cottage Home. 207 patients have been attended, and 1,012 visits have been paid them, these figures being double the numbers attended in 1893, when Dr. Ord commenced his work amongst them."

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

From the report for 1896 we learn that during the year 2,545 cases have been treated in the out-patient department, of which 2,184 are reported as cured or relieved, and 190 were under care on January 1st, 1897. The in-patient department has received 76 cases, and 2,534 home visits have been paid. In addition there were 878 dental cases.

The medical officers are Drs. Neild, Pincott and Capper, and Mr. Tester, L.D.S.

The financial position is an improvement on the previous year, as a small balance remains after last year's debt has been wiped off. We are glad to note that "the Committee have decided to open a reserve fund which they hope may ultimately reach £5,000."

A CENTRAL HOSPITALS BOARD.

If the Prince of Wales' scheme is realised, a Central Board on the lines sketched out in the Report of the Lords Committee, or on those laid down by the Charity Organization Society,

will become an absolute necessity. But if it is to be a success, it must not only be composed of men of business capacity having special knowledge of hospitals, and of representatives of these institutions, but it must be strictly limited in its functions. It should be not so much a brain (as suggested by Sir William Broadbent) as a ganglion—that is to say, it should not be a governing body, but a distributing centre. It should have no power of direct interference with the management of the hospitals; and indeed, such power would not be required, for it could give effect to dissatisfaction with the conduct of any particular institution by cutting off the supplies. Such a Board would be useful for some check on the expenditure of most hospitals, and is unquestionably desirable. A Board of Control would be mischievous, even if the creation of such a thing were possible.—*The Practitioner.*

CHLOROFORM AND OXYGEN ANÆSTHESIA.

Northrop claims as the chief theoretical advantage of oxygen and chloroform anæsthesia that there is less shock to the patient because of the time saved and the presence in the lungs of the life of all tissues, oxygen, antidoting, so to speak, the carbonic acid produced by the chloroform as well as by the tissue waste. It is the carbonic acid element, be it remembered, that is responsible for the evil effects of chloroform anæsthesia. *Medical Century*, Feb., 1897.

DIET IN TYPHOID FEVER.

Dr. Barr, in lecturing at the Leeds Infirmary, quoted two cases of enteric fever; one that of a lady dieted strictly during an eight weeks' illness, with the result of persistence of remitting temperature disturbance, wasting and weakness. On being consulted Dr. Barr ordered solid food and the temperature was restored to normal in three days. The second case was a man of twenty, suffering from enteric fever of maximum severity, who, four days after admission to Leeds Infirmary, fell into a state of alarming collapse (16th day of disease). He rallied and on the 19th day (morning temperature 101°) he was given bread and butter, and on the 21st day meat, in addition to fluid food, the next day he began ordinary mixed diet with minced meat.

During three years 31 cases have been treated on this principle with a loss of only 8, and in these it was never possible to give solid food.

Why has a fluid diet hitherto been the invariable practice in enteric and other fevers? It seems to be that usually in

febrile states the patient has lost his appetite and is unable to take any other form of food, while the unnatural thirst of fever increases his desire for fluid. Of course the large majority of cases of enteric fever recover on a purely milk or fluid diet, but this is no evidence of the danger of solid food. Also to escape death is one thing; to be restored to health and usefulness in the shortest possible time is quite another. That solid food, when the patient's appetite and digestion permit him to take it, is deleterious in the presence of pyrexia Dr. Barr was unable to believe, and also unable to find reliable observations to support the notion in any way.

During Convalescence. In 1894 Dr. Curnow emphatically declared no solid food should be given until the temperature had been normal at least 10 days. No patient can be said to be convalescent whose intestine still presents unhealed typhoid lesions, and it is difficult to conceive any method of treatment more calculated to delay healing and favour perforation than the prolonged period of starvation which fluid feeding for 10 or 14 days after the febrile state ends, adds to the devastating effect of pyrexia and limited feeding of the disease itself. The question of physiological rest is no difficulty here, as peristalsis is always going on, and there is no reason to believe that solid food which has undergone efficient digestion in the stomach causes more vigorous movement than milk or any other fluid nutriment. The sooner a patient returns to the natural diet of health the sooner will he be restored to a condition in which he is able to withstand any further invasion of the typhoid organism, and the sooner will his nutrition be such as to place his intestines under the best possible condition for healing.

Acute Stage. The business of the physician in typhoid fever is to see that the patient departs no further from the line of health in food, as well as in temperature, &c., than the nature of his disease requires. As a rule an appetite for any particular thing is a pretty sure indication that it will agree, that is, will be digested, absorbed, and assimilated in due course, and will entirely tend to the well-being of the patient. Still, to give a patient with a dry and shrivelled tongue, semi-comatose from pyrexia, and indifferent to all around him, meat or any other solid would be as silly and cruel as to withhold it from a patient who expresses himself as genuinely hungry and looks so, because his temperature curve is not normal, or his bowels are acting a little too frequently. Whenever a typhoid fever patient can eat meat and enjoy it, there is not much doubt as to his recovery.

It is said that solid food may produce perforation; this is not a common accident. It may be brought about by the

extension of the typhoid process to and through the peritoneal coat of the intestine, by flatulent distension, or by violent peristalsis. Cases due to the direct effects of the typhoid process are unavoidable by any form of dieting, unless it be by liberal feeding to maintain the resisting powers of the individual at the highest possible level. Violent peristalsis is not more likely to occur in solid than in strictly fluid diet. Whatever digestible foods we put into the stomach, if it is digesting, will reach the seat of the typhoid lesion in the same state of fluidity. If the stomach is not digesting the patient will not be hungry, and solid food will not be given him; further, a diet with a normal proportion of solid food is less likely to give rise to an excess of intestinal gas than a diet consisting exclusively of fluids.

Finally, Dr. Barr was prepared to urge that this is a method which is likely to modify favourably the death-rate of typhoid fever, to shorten convalescence, to diminish the risks of complications, and generally to make typhoid fever a less formidable and more manageable disease than it is under our present standard methods of treatment.—*The British Medical Journal*, January 16, 1897.

THE HYDRIATIC TREATMENT OF TYPHOID FEVER.

Elmer Lee (*Chicago Medical Recorder*, January), instead of cold bathing in typhoid fever, uses the following method: Water at a temperature of 75° from a fountain syringe hanging from the bedpost is directed through a small sprinkle nozzle first on the front and then on the back of the patient's body. Only a small amount of water is used. After the bath the patient is covered with a blanket, and the water from the spray is allowed to evaporate. This sprinkle bath is repeated every two hours for forty-eight hours or so until improvement is manifest, when the intervals are gradually extended. The internal treatment consists in the frequent administration of water with a little digitalin. The colon is also irrigated from time to time with warm water by means of a fountain syringe. A compress of linen wrung out lightly from ice water is placed over the abdomen and covered with flannel. This is changed every hour. No food is given till the patient is fully convalescent. The internal administration of water is based both upon physiological data and experiment. It keeps the blood fluid; it prevents dryness of the skin and mucous membrane; it cleanses the system of waste and is agreeable to the patient, and there is absolutely no contra-indication to its use. No case of fatality from typhoid fever has occurred in the author's practice for eight years, or since the adoption of the hydriatic

method of treatment, His conclusions are as follows: (1) The internal administration of soft water, in definite doses, of proper temperature, and at regular intervals (with a satisfactory placebo always incorporated), according to the age and sex of the patient, the temperature of the fever, and the character of the urine, against which there are no veritable contra-indications. (2) The application of water of suitable temperature to the surface of the body, preferably in the form of a sprinkle or rain contact, at frequent and regular intervals, as indicated by the severity of the symptoms and the age and sex of the patient. (3) The application of compresses of linen wrung dry from iced water, applied over the abdomen and to the head and neck as often as necessary, and so long as the fever continues. (4) The use of warm, cool, or cold irrigations of the colon, with plain, soapy, or normal salt water, from one to four times a day, and from one to three litres in quantity, during the acute stage and while there is fever. (5) Owing to the absence of hydrochloric acid and peptones in the gastric juice during the febrile stage in typhoid fever, food of every character and of any quantity is contra-indicated, and can only augment the complications and prolong the disease. (6) In collapse and exhaustion from hæmorrhage, intravenous transfusion from one-half to two litres of normal salt solution is indicated and strongly recommended. The transfusion or subcutaneous injection is to be repeated from time to time if there are unfavourable reactions after such use. (7) Drugs and stimulants are absolutely contra-indicated, as they are not essential to nutrition, but further increase the labour of the system, and exhaust the vitality in the process of oxidation and elimination of tissue waste and toxic products. (8) In the hydriatic management of typhoid fever, ulceration and perforation of the intestine has never been known to take place; also there are no distressing after-effects, as there are no sequelæ. (9) It is the author's experience and his belief that when cases are seen within the first five days, typhoid fever can be aborted and convalescence established within ten days to two weeks. (10) A treatment which is so simple, and which has been proven by hydriatic experience with many thousands of cases, ought to secure its adoption by the whole profession in the interest of science and for the benefit of the sick.—*British Medical Journal.*

PERMANGANATE OF POTASSIUM IN LUPUS.

L. Butte (*Ann. de la Policlinique de Paris*, January) states that after having tried all the classical methods of treatment in lupus without satisfactory results, he believes that he has

hit upon a local medication which, without having the drawbacks of scarifications or the cautery, brings about not only an arrest in the progress of the disease, but a real cure of the lupus nodules. The remedy is permanganate of potassium, which he has used for six months with excellent results. At first he employed this substance in lotions applied morning and night, beginning with solutions of 1 in 200 to 1 in 100, and afterwards of 2 in 100. These applications seemed to cause an arrest in the progress of the affection, and this encouraged Butte to push the treatment. He accordingly tried daily applications, continued for 10 or 15 minutes, of compresses saturated with a two per cent. solution of the permanganate. At the end of a fortnight the nodules were shrunken, covered with a thin blackish crust, and gave to the finger no sensation of being raised; they seemed, in fact, to be destroyed. The other parts of the skin were smooth and tense. The applications cause some pain for an hour or two, but cocaine ointment speedily relieves this. Butte has used this treatment in 11 cases, in all with the same good results. The method has not, he admits, been tried long enough to make it possible to affirm that the cures are complete and permanent. In the meantime, however, Butte is able to testify to the fact that the nodules have disappeared, and the progress of the disease has been arrested.—*British Medical Journal.*

PAROXYSMAL TACHYCARDIA IN A CHILD.

Dr. W. P. Herringham reported this case. (Clinical Society of London.) The child was under observation from September, 1895, when she was 11 years old, to June, 1896, during which time she had seven atttcks of tachycardia. The history showed that she had been subject to similar attacks for at least five years. The attacks were typical in character. They began quite suddenly in a period of perfect health, and without adequate cause. The beginning was never witnessed by the writer. They lasted for a period which varied from thirty-six hours to thirteen days, and the end of the paroxysm took place during sleep. During the attack the pulse was very small and soft, uncountable at the wrist, of a rate which, taken at the heart, was from 240 to 260; the heart was somewhat dilated beyond its usual size, and the pulsation was very forcible. It was at first productive of some præcordial distress, but not of acute pain. Respiration was rapid, and there was occasionally a little cyanosis, but no sign of pulmonary œdema. There was no anasarca of the legs. The urine during the attack was very scanty, owing doubtless to the low blood pressure. During the paroxysm sleep was rest-

less, and did not alter the cardiac rate. Since the attacks ended during the night the actual moment of change was never witnessed, and it could not, therefore, be told whether this was instantaneous or a matter of hours. The pulse, which had been over 260 the night before, was found in the morning to be 90 or thereabouts, and the child professed herself quite well. The causes which excited the attack appeared to be either sudden effort or sudden movement, yet neither of a degree likely to produce any ill effect upon ordinary persons. No valvular disease could be detected, nor was there any history of rheumatism in the child or in her family. There was no sign or history of syphilis, and the patient before the attacks was a big, plump, rosy girl, the picture of health. The heart, however, was permanently enlarged, and the writer suggested that there might be adherent pericardium, and that the myocardium itself might as the result of some former disease be unhealthy. From a study of the literature of the subject, and from watching the present case, he was disinclined to believe that these hearts were structurally healthy, and he thought that the change in them might originate in three ways. In some cases it might be due to acute myocarditis, as in those which had been seen in rheumatic people, in others it might be due to degeneration of the muscle itself, either syphilitic, as probably in two of the recorded necropsies, or fibrosis, whilst in a third class it might be primarily due to nerve degeneration, as in some cases noted after infectious fevers. Various modes of treatment were adopted, digitalis, nitrite of amyl, atropine in large doses, pressure upon the vagus nerve, treatment of the stomach and intestines, had all proved useless, or if one had at one time seemed to cure, it failed to repeat the performance. Schott's treatment (baths and exercises) neither reduced the size of the heart, nor prevented the occurrence of the paroxysm.—*Brit. Medical Journal.*

RÖNTGEN RAYS.

The Queen of Portugal is reported to have been experimenting with the X-rays. She has detailed the ladies of her court to serve as subjects, and has been making pictures of their skeletons. It seems that these gave such an alarming insight into the distortion wrought by tight lacing that the female nobility of Portugal rushed to order gowns six or eight inches wider in their waist measure. Is would be a curious instance of the unexpected turns in human affairs if tight lacing, denounced in vain by medicos and moralists, should finally be suppressed by Dr. Röntgen's invention.—*New York Medical Times.*

OBITUARY.

ARTHUR GUINNESS, M.D. Glas., F.R.C.S.I., & L.M. Dub.

In Dr. Guinness we lose one of our veteran practitioners. In his early days he studied homœopathy under Dr. Curie. Having practised for many years at Cheltenham, Oxford, and other places, he was compelled by severe illness some few years ago to relinquish his practice at Oxford, when he returned to Cheltenham, where he had since been living in retirement.

After a short illness, he passed away on March 9th at the ripe age of 84.

Mrs. Guinness soon followed her husband, having survived him only eleven days.

CORRESPONDENCE.

IS THE TREATMENT OF DIPHTHERIA BY THE USE OF ANTITOXIN HOMŒOPATHY OR NOT?

To the Editors of the "Monthly Homœopathic Review."

It was a curious coincidence that your issue for February last should have opened with your leading article on "What is a Specific," and concluded with my letter on the above subject, in which I express views diametrically the reverse to your own, and yet no one will, I hope, doubt that we are equally jealous for the extension of homœopathy and the preservation of its good fame.

In your March issue two letters, bearing on this same point (by Mr. Johnstone and Dr. Bodman), both contended, and with much force, in support of my own view of the question, viz., that we cannot claim the use of antitoxin as in any way a true example of homœopathy.

The whole question was thoroughly well argued out on both sides in connection with Dr. Renner's paper on *Blood-Serum Therapy*, at the March meeting of the British Homœopathic Society, 1896, and may be read with advantage by anyone interested in this discussion in the July issue of the *Journal* of the Society, where it will be seen that the view upheld in your leading article was then supported by Drs. Dyce Brown and Carfrae, and as vigorously disputed by Dr. Renner, myself and others, as we do now, and it will be at once evident that so far neither side has in the least succeeded in convincing the other.

This is surely a most unsatisfactory state of things, and one which we should, for the credit of our body, try, if possible, to put an end to, and it seems to me that, in the last resort,

the question resolves itself into one of evidence. It is admitted, I take it, on all sides that a remedy, to be a truly homœopathic one, must be capable of producing in a healthy human being a disturbance sufficiently like the disease to be treated to constitute it a simile, if not a simillimum. Now the whole question rests upon the answer to the following enquiry :—does the diphtheria antitoxin fulfil the above requirement?

It seems to me that the balance of evidence is overwhelmingly against it. It is true many cases of disturbed health, and some of death, have followed the injection of the antitoxin serum, but the symptoms have not been those of diphtheria but those of acute ptomaine poisoning, thus illustrating the great danger which lies in the use of an animal extract as a remedy, especially by sub-cutaneous injection. And in only one case, so far as I have seen recorded, has the development of diphtheritic membrane followed the injection of the serum, the case, viz., which you published in your February issue, and in this case the child had, as Mr. Johnstone points out, been previously subjected to exposure to infection from a brother who had died of malignant diphtheria, so can hardly come under the heading of a "healthy human subject." Moreover, if this case is to be accepted as the undoubted result of the injection of the antitoxin serum, it tells quite as much against the argument in your leading article as against mine, for your argument is largely based upon the contention that the disease produced in the horse is not true diphtheria, but something quite different, in the same way as the inoculation from a small-pox vesicle on the udder of the calf produces not small-pox but cow-pox, from which vaccinia only, and not small-pox, can be produced in the human subject.

On the other side there is an immense array of evidence that properly prepared antitoxin serum, injected with full antiseptic precautions into a previously healthy human subject, rarely produces any symptoms of ill health at all; also that this same serum when mixed outside the body with active diphtheria poison, including the bacilli, can be injected into healthy animals without producing any symptoms of poisoning, diphtheria or otherwise, whereas the same dose of diphtheritic toxin, without this admixture, would certainly have proved fatal. This surely proves, if anything can, that the one contains an antidote to the other, and is not, as your leader writer and Dr. Carfrae suppose, merely a variety of the same poison, altered by being passed through the horse in the same way asvaccine is a variety of small-pox lymph. Do you imagine for one moment that if vaccine and true small-

pox lymph were mixed together and injected or inoculated into a healthy calf or child the result would be nil? Yet it should be if the analogy be a true one.

But surely it needs no argument to show that it is quite a different thing to take a poison from a vesicle or pustule at the height of a disease, and to take some blood serum from an animal who has been injected again and again with small doses of an active disease poison until his system no longer showed the slightest reaction to it, and he becomes what we call "immune" to that infection. The true analogy, so far as vaccination is concerned, would be to inoculate a calf again and again with small-pox lymph until she could no longer "take," and then use some of her blood serum as a variola antitoxin, and I would commend this experiment to Dr. Renner and others who are engaged in keeping up our supplies of calf-lymph.

Until, then, there is forthcoming any proof that the antitoxins can produce in the healthy some similar, if not identical, derangement to the diseases they are produced from, and are used to cure or prevent, we have a right to maintain that they are not to be classed among homœopathic remedies, but that they supply ready-made in the blood of another animal the antidote to the disease poisons, which antidote it is the object of our homœopathic drugs to stimulate our bodies to produce in themselves as is clearly in accordance with the teaching of Hahnemann in the *Organon*.

Yours faithfully,

EDWARD M. MADDEN.

Bromley, 17th March, 1897.

SPURIOUS DRUGS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Among the increasing number of substitutes for homœopathic drugs, some of which we have drawn attention to from time to time in your pages, there now appears another, which is doing duty for Teucrium Marum verum in both the English and German markets.

This latest deputy can be best distinguished from the genuine drug by its leaves, which, instead of being ovate generally, entire, clear green above and white and downy beneath, are linear-lanceolate, coarsely toothed, and downy above and beneath.

The plant also differs in odour and flavour from Teucrium Marum verum.

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, London, E.C.
March 12th, 1897.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Mr. JOHNSTONE, (London); Mr. S. WILDE, (Cheltenham); Dr. BURFORD, Mr. JOHNSTONE, Mr. KNOX SHAW, Dr. E. T. BLAKE, Mr. DUDLEY WRIGHT, Dr. LAMBERT, Dr. DUDGEON, and Dr. EPPS, (London); Dr. HUGHES, (Brighton); Dr. C. BLACKLEY, (Southport); Dr. ORD, (Bournemouth); Dr. ROCHE and Dr. ORR, (Norwich); Dr. GIBBS BLAKE, (Birmingham); Dr. ANDREW NEATBY, (Sutton); Dr. PERCY WILDE, (Bath); Dr. PROCTOR, (Birkenhead); Dr. C. HAYWARD and Dr. A. E. HAWKES, (Liverpool); Dr. RAMSBOTHAM, (Leeds); Dr. MADDEN, (Bromley); Messrs. E. GOULD & SONS, (London).

BOOKS RECEIVED.

A Practical Working Handbook in the Diagnosis and Treatment of Diseases of the Genito-Urinary System, and Syphilis. Being the revised and enlarged notes by G. P. Holden, M.D., of Clinical lectures by F. E. Doughty, M.D., Professor of Genito-Urinary Diseases in the New York Homœopathic Medical College. Philadelphia: Boericke and Tafel. 1897.—*Transactions of the American Institute of Homœopathy, 1896.* Philadelphia: Sherman & Co.—*The Therapeutic Action of the Turkish Bath.* By Victor Jagielski, M.D. Chicago: American Medical Association Press. 1896.—*The Homœopathic World.* March. London.—*The Chemist and Druggist.* March. London.—*The Medical Times.* March. New York.—*The North American Journal of Homœopathy.* March. New York.—*The Medical Century.* March. New York and Chicago.—*The Homœopathic Eye, Ear, and Throat Journal.* March. New York.—*The New England Medical Gazette.* February. Boston.—*The Hahnemannian Monthly.* March. Philadelphia.—*Journal of Orificial Surgery.* February. Chicago.—*The Clinique.* February. Chicago.—*The Pacific Coast Journal of Homœopathy.* February. San Francisco.—*The Minneapolis Homœopathic Magazine.* February and March.—*The Homœopathic Recorder.*—February. Lancaster, Pa.—*The Homœopathic Envoy.* March. Lancaster, Pa.—*Revue Homœopathique Française.* February. Paris.—*Médecine Hypodermique.* October, November, December. Paris.—*Journal Belge d'Homœopathie.* Index for 1896, and January and February. Brussels.—*Allgemeine Homöopathische Zeitung.* February 25 and March 11. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* March. Leipzig.—*Homœopathisch Maandblad.* March 15. Zwolle.—*El Propagador Homeopatico.* February. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

——:o:——

THE POSITION OF SURGERY IN HOMŒOPATHIC PRACTICE.

"*Audi alteram partem.*"

A Dialogue.

Persons:

Urbanus:

Rusticus:

Rus. I see, Urbanus, that those who think with you have adopted a new rendering of the polity of homœopathy.

Urb. Let us discriminate between the homœopathic law, which as an induction is a constant quantity, and the art of medical practice, where personal equations and the varying presentments of human disease demand flexibility in its adaptation. Remember that rigidity in form merely limits practical utility in application. I imagine you are thinking of the altered relations of homœopathy and surgery?

Rus. Qui s'excuse, s'accuse. Your apologetic exordium seems to hint that you are not fully convinced in your own mind, as you know I am not, of the present desirability, as well as the ultimate issue, of the admission of this doubtful ally.

Urb. Pardon me, my friend, if the necessary asperities of debate make me hint at your intellectual outlook on this question as properly germane to Rip van Winkle. Professor Huxley used to say that every scientific man after sixty should be decapitated, as he not only could not appreciate new developments, but actually obstructed them. My position is this—that our latter-day patronage of modern surgery is an issue directly necessitated by the work of the physicians of the past, and directly controlled by the work of the physicians of the present.

Rus. I see Huxley had the surgical instinct strong within him. My view is that it comes under the ethical ban which is apportioned to all "short ways." But I will ask you to state your thesis in greater detail.

Urb. The thesis is a historical one and lends itself to ready proof. In the early days of homœopathy its results were so immeasurably superior to the drug-poisoning and surgical methods then in vogue, that no theoretical limit could be assigned to its powers against disease. The imagination was fired by the fact that with a limited experience so much had been done; what might not then be expected with ampler experience and the accumulated resources due to fresh provings? This uncritical frame of mind was aided and abetted by the defective methods of diagnosis then extant—methods which grouped as clinical similarities certain benignant and certain malignant growths.

Rus. Do not forget that reliance on diagnostic development led to the formation of a school in which diagnosis came to be regarded as an end in itself, and not as an aid to cure—a pretty kind of broken reed!

Urb. Diagnosis is sterile or productive according to the uses to which it is put. Our early predecessors, I repeat, would assign no limit to the sphere of homœopathy in the cure of disease. Their working hypothesis was a definite pathological conception—that of the constitutional nature and origin of all chronic disease, and their provings were read with this gloss. This earlier school of homœopathy was followed by that of the "middle period," the workers in which, inheriting these traditions, and well equipped with Materia Medica, measured themselves with all forms and varieties of chronic disease, including those relegated in old school work to the surgeon. These were the palmy days of

homœopathy; it had no rival in modern aseptic surgery, and it had a powerful aid from the innate dread human nature has of the knife.

Rus. And the net results?

Urb. The net results were a deduction, a limitation, and a host of facts. The deduction was that in homœopathy we had a greater range of curative power for chronic disease—including *inter alia* many surgical lesions—than in any other known therapeutic method. The limitation was that some forms of chronic disease—degenerations and new growths alike—were almost as recalcitrant to the new therapeutics as to any other. And the facts were legion. The cure of fistula by silica, of hæmorrhoids by nux and sulphur, of adenomata by bryonia, were all significant of added powers to the physician's armamentum. The failure of these new powers, in the majority of cases, to eradicate malignant disease, or to cope with mechanical conditions such as strangulated hernia or twisted pedicle, plainly indicated that the views, or rather previsions, of the homœopathic pioneers required limitation. This was the first stage in the evolution of homœopathy—the rectification of the frontier, and the adjustment of the deductions from practice to the facts of disease.

Rus. Permit me to say, that for a homœopath your frame of mind is curious indeed, and suggestive of the gyrations of Mr. Facing-Both-Ways. And if this simile does not suit you, let me hint that in your exegesis of the history of homœopathy you add yourself to the list of victims of logic. Recollect that successful homœopathy is a very difficult art: it requires the accurate adjustment of the ever varying phenomena of disease with the complexities of drug provings: and that the brilliant success of this adjustment, carefully carried out, indicates failures as defects in the personal equation of the worker or of his instruments, rather than essential limitations of his method. Evolution of homœopathy, indeed! Pray on what is progress based but in assuming that all round us are new worlds to conquer? And how often has progress required the abandonment of present modes of thought or views of truth? I don't wonder at your finding the higher ranges of homœopathy sterile. It requires genius to use the more recondite methods, as it did to establish

the fundamental induction. No facts have been won from darkness to light by any such cut and dried method as yours: I mean the method of viewing progress as merely continuous. It would never have discovered homœopathy itself, and so it is not surprising that it limits the issues of homœopathy to the lines already laid down.

"Grau, theurer Freund, ist alle Theorie
Und grün des Lebens goldner Baum."

Urb. Is this your last word and final deliverance on your view of homœopathy? To me it seems somewhat plus of views and somewhat minus of facts.

Rus. I will, then, be more specific. Homœopathy can, in competent hands, obviate the necessity for much of surgical assistance. It can, in pre-natal times, and, in the years of juvenility and adolescence, so modify diatheses and constitutional tendencies as in many instances to check their pathological manifestation. It can, given an early opportunity and sufficient time, stop the growth and often diminish the bulk of many tumours; and with those not so manageable the surgeon can achieve permanent results no more satisfactory than simple therapeutics. It can check or hasten suppuration; it can, by the use of vulneraries—a much neglected practice—enhance the recuperative power of injured tissues; it can often control and render tolerable the pangs of the incurable; and it frequently can for years safeguard the interests of those who do not elect to be drawn into the surgical net. Nay, more; it can even bring relief and cure when the much vaunted surgery, baffled, has retired from the scene. Understand that by "surgery" I mean at present only that surgery which is optional, not that which is necessary. Spouting arteries and compound fractures, *et hoc genus omne*, call, in the fitness of things, for surgical aid.

Urb. Transcendental homœopathy such as this may be fitting as an academic *credo*, but is ruled out as a practicable scheme of daily work, inasmuch as it premises that mankind is made for homœopathy rather than homœopathy for mankind. John Morley has it that most of the intellectual errors of humanity are due to a defective sense of mental proportion. It is this vitiating factor that makes you oblivious to the restricted

scope and grave limitations of your powers. You tell us what homœopathy *can* do for such and such diseased conditions; but you say nothing about the limited number of cases (in practice a decided minority), where it would be judicious or even practicable to carry out your unmodified plan of therapeutics only.

Rus. At least, Urbanus, give us concrete examples?

Urb. Take the first difficulty, that of time. To the governess, or the lady-clerk, or the domestic servant, the presence of a benignant tumour may be undesirable from its bulk or its suggestiveness, or from the limitations it imposes on the energies in the struggle for existence. True, it may not kill, but it hampers, it impedes in daily competition with rivals. It cuts at the bread-winning capacity; it must be got rid of. Therapeutics takes years, and the issue is often doubtful; surgery takes weeks and the issue is certain. Again, the uncertainty of your ultimate benefit is further emphasized by the heightened gravity of the case due to lapse of time while therapeutics is proving itself. An adenoma recalcitrant to treatment becomes a scirrhus. Your glaucoma, swift and sudden, irreparably damages the organ of vision while therapeutics is occupying the field. And your case of strangulated hernia or perforation becomes moribund from septic peritonitis ere therapeutics is assured its *rôle* is over.

Rus. I opine that the argument from "defective sense of proportion"—a veritable *argumentum ad hominem*—has nothing to say anent the inclusion of all cases of possible surgery as urgent, or as prejudiced by therapeutic priority. For my part, I think the risks and uncertainties of waiting while therapeutics occupy the field are mightily overbalanced by the risks and uncertainties of operative surgery. But what about the cases where surgery fails, and therapeutics have to be invoked to heal? Here is a case in point. A patient with a deep inguinal sinus had been for some time under surgical treatment at a Metropolitan institution, and one to which a medical school is attached. The sinus was obstinate; the treatment was nugatory, and the patient entered the London Homœopathic Hospital, to leave shortly afterwards with the sinus healed under silicea. His former surgical advisers, astonished at the result, sent to enquire what wonder-working method had been

used to achieve this result. They were duly informed, and let us hope that silicea has been added to the Pharmacopœia of this institution.

Urb. An unkind critic might suggest that the law of averages was against you; and that your cure of one surgical case out of ten bars your success with the remaining nine. Your assumption, that of surgical cases, most are amenable to remedies because a few yield, seems to me your initial error. Pardon me if I say that your experience is as yet inchoate, your facts ill organised, and your observations insufficient to allow you to construct good working hypotheses for the total elimination of surgery by medicine. It is obvious to all men that if you could *cito, tuto et jucunde,* deal effectively with disease now extirpated by the surgeon's knife, surgery would swim out of our horizon. It is because you cannot do this that surgery, "a hateful incident," remains. Nature performs at times striking and wonderful cures; so also does art; and these indicate plainly the existence of some law, working as cause, under conditions, to effect, bringing about cure by the forces of the organism. At present your facts are empirical. Find out and arrest the first beginnings of disease; study the temperament and diatheses, the heredities, the bodily conditions, the environments, that help or cancel your efforts, and you will soon have to construct an ascending scale of diseased conditions, these easy, those difficult, that impossible to cure, and which at present you have not formulated.

Rus. I will not do you the injustice to imagine you ignorant of the great number of cases embodied in homœopathic literature, or of some of the still larger array hitherto unreported, where homœopathic therapeutics, not empirical but designated, have effectually and without mutilation supplanted the art of the surgeon. To wait for a fully-fledged scheme, with powers and limitations duly assigned, *ab initio,* like Minerva springing from the head of Jove, is to arrest those investigations in therapeutics by which only our powers and limitations can be known. To achieve the full measure of the possible we must attempt what current notions consider the impossible. I repeat, this is the historical factor in all scientific progress; and with this end our school of therapeutics has an expansion, a hope, and a future.

To limit our conceptions of the promise and potency of scientific therapeutics by past results, either in degree or kind, is to convert that evolution of homœopathy of which you speak into a dissolution.

Urb. My dear Rusticus, our essential point of difference seems to be this: you regard the genius of homœopathy as exclusive of what you style optional surgery; I regard their *rôles* as complementary. Yours is theoretically the ideal one; mine is, practically, the safer and more helpful. Practice like yours might suit Olympus; practice like mine seems more adapted to the manifold forms and phases of human every-day life. Finally, according to your gospel, it is you who are the progressive party, and who have a future. Well, develop it, multiply your resources, make your results more assured, and surgery, never more than a substitute for therapeutics, will begin to go by the board. For the present, are we not fraternal workers in one great field?

THE CLINICAL SIGNIFICANCE OF BLOODSTAINED LEUCORRHŒA.

By Edwin A. Neatby, M.D.,

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

It does not require a very lengthy experience of disease to discover that many cases decline to fit themselves into the limits presented by text-books, or to submit to the rigid classification of these authorities. If this be true in general medicine, it becomes additionally noticeable if any special line of work is pursued, and a considerable number of the same class of cases are passed in review. The lesson has to be learnt, perhaps, that a given symptom, supposed to be confined to a particular disease, is not only often absent from that disease but crops up in several others from time to time. Individual pathognomonic symptoms thus diminish in importance, and as the "ancient landmarks" disappear, a feeling of uncertainty and confusion replaces the sense of security begotten of blind and undeserved confidence. Something has to be unlearned before the new truth can be discovered.

With respect to the symptom forming the subject of this short article, the opinion has forced itself upon me that it has been unduly exalted by some medical practitioners as a sign pathognomonic of a certain serious disease, while by others its significance and importance has been wholly and disastrously overlooked. I allude, of course, to blood-stained leucorrhœa as a sign of uterine cancer. Now observation shows that neither extreme view is justified by facts—extreme views seldom are. In other words, such discharge is neither confined to cases of carcinoma uteri, nor always present in such cases.

A.—So well recognised a sign of

MALIGNANT DISEASE

of the genital organs is coloured and offensive leucorrhœa, that it is unnecessary to occupy more than brief space in proving it. The appended case furnishes a melancholy example of the danger of ignoring the warning raised by its presence.

Case I.—S. D., widow, æt. 67, came to the London Homœopathic Hospital in 1894, stating that she had suffered for two years from yellow, thick, vaginal leucorrhœa. For three months the discharge has been reddish or brownish; it was occasionally, but not always, offensive. She had been treated for some time outside for senile endometritis. The uterus was small and movable, the vagina atrophic, and except the character of the discharge—blood-stained, offensive, varying in quantity, colour and odour—nothing obvious was noticed to contradict the diagnosis mentioned. Nevertheless, the case was thought to be one of early carcinoma of the body of the uterus; arrangements were accordingly made to admit her into hospital for further investigation and treatment. At this time she took fright, and absented herself for about a year. When she presented herself again, her changed appearance at a glance confirmed our previous suspicions. The uterus was found to be enlarged, hard, immovable, and surrounded by indurated new deposit. It was too late to operate. This patient sacrificed her life to the fear of an operation.

Case II.—To illustrate the converse—namely, carcinoma *without* the leading symptom under discussion—I may adduce the case of Mrs. W., æt. 50, sent to me by a

medical friend. Until six weeks before her visit to me she had been "regular" every four weeks. Her last period had continued fourteen days, and after a short interval recommenced and lasted four weeks. There was no odour and only slight intermenstrual white unirritating leucorrhœa. On examination, the cervix was found transformed into a hard, large, nodular, readily bleeding mass, 2 in. in diameter; the uterus was fixed, or nearly so, through implication of the vaginal wall, and broad ligaments. To such a hopeless stage may uterine carcinoma advance without any of the typical discharge, or indeed, any sign or symptom calling the patient's attention seriously to her health.

B.—Connected by suspicion with cancer of the womb, there not seldom present themselves another class of cases—those due to the imperfect expulsion from the uterus of the

PRODUCTS OF CONCEPTION

—most usually after a miscarriage.

An interesting example of this kind occurred in the person of—

Case III.—Mrs. S., æt. 36, married 16 years, had had four miscarriages. She came to see me in March, 1895, complaining of more or less constant reddish-brown (and sometimes offensive) discharge since the previous November. If the brown discharge ceased it was replaced by a yellowish and excoriating discharge. She was well in her general health, and indeed was gaining flesh. Patient had had three somewhat similar attacks. The first, 10 years previously, without known cause, lasting from January to August, was treated by a private practitioner for miscarriage, but she was told at a hospital that this had not occurred. The second attack lasted from August to December, 3½ years previously, and followed a miscarriage. The third attack lasted three months, and the fourth, for which she consulted me, followed a delay of two weeks in the appearance of the catamenia. A month's medicinal treatment, together with douching, etc., produced no improvement, and the uterus was then curetted. After the operation there were two somewhat abnormal periods, but since then all unusual discharge has ceased. The microscopic examination of the scrapings revealed chorionic villi and placental tissue.—(Clin. Research Association.)

C.—ENDOMETRITIS,

I think, must be accepted as another condition capable of manifesting, as one of its objective symptoms, a coloured discharge.

CASE IV.—Mrs. M., æt. 47, had attended one of the special hospitals and been told she had cancer. At the end of 1894 she came to my clinique for menorrhagia and dirty, unpleasant vaginal discharge. The patient had had no family, and she was still regular. The cervix was normal in appearance and the body was not enlarged, fixed or tender. The character of the "leucorrhœa" had probably formed the ground of the opinion given to her elsewhere. Early in 1895 I thoroughly curetted the uterus and removed a small piece of the cervix close to the os for examination. During the scraping the tissue appeared to be sound, and a report by the Clinical Research Association stated that no evidence of malignancy was found in the tissues sent for examination. I saw this patient a few weeks ago, and the still more valuable factor of lapse of time (nearly two years) confirms this verdict, for examination showed that locally and generally she is in good health.

D.—A POLYPOIDAL HYPERTROPHY

of the uterine mucous membrane (especially the glandular and vascular elements), whether of the lining of the body or the cervix, will produce the same kind of discharge. This is only what we should expect, for the walls of these blood vessels are so thin that they bleed on the slightest manipulation, and it is not surprising that oozing should take place either spontaneously or through friction against the vaginal walls.

CASE IV.—In October, 1896, my friend Dr. Molson sent to me from his out-patient clinique an unmarried woman aged 41. Menstruation was scanty, but during part of the intermenstrual period she had an irritating brownish discharge. The uterus was in the forward position, and the cervical canal patulous. A good-sized bright red mucous polypus protruded from the os. After a course of thuja, which did not alter matters, the polypus was removed by operation. The brownish discharge ceased, and the patient remains well.

CASE V.—In November of last year Dr. Andrew Neatby brought to the out-patient department of the London

Homœopathic Hospital an unmarried woman aged 31. For nearly two years she had suffered from excessive menstruation, and for some time had undergone a course of homœopathic medication conducted in a most thorough and painstaking manner, resulting in improvement of her general health, but without diminishing her excessive loss, which in some instances was stated to last three weeks. On closer questioning it was discovered that although true menstruation was both profuse and irregular, a considerable part of an ordinary intermenstrual interval was occupied by a dark scanty discharge varying in colour and consistence. After the continuance of this for a few days it gradually lost its characteristics and remained as a stringy, yellowish or whitish discharge. There was no vesical irritation nor iliac pain suggesting specific inflammation. After a couple of months of much cruder, but not more effectual, treatment at my hands, it was decided to explore the uterine cavity. It was dilated sufficiently to admit a finger. At the fundus was found projecting into the cavity a small polypus of fairly firm consistence. This was scraped away, the uterus was curetted, and the cavity packed with gauze. The two periods since the operation have been four to six days, brighter in character, and less profuse in quantity. One of the periods began with a discharge like dark brown glue. There was much less leucorrhœa than before. This patient is still under observation, and it is too early to say she is cured.

E.—Another condition analogous to that just mentioned in which I have occasionally observed coloured discharge is

URETHRAL CARUNCLE.

This is also sometimes present in conjunction with offensive leucorrhœa, but I have no recorded evidence of a discharge both coloured and offensive being present when no other condition than urethral caruncle is discoverable, though I believe such is sometimes the case.

F.—Perhaps the most important cases are those in which coloured offensive discharge is associated with the presence of a

UTERINE TUMOUR.

Certainly, this connection at once enormously enhances the difficulty of arriving at a just conclusion as to the

nature of our patient's malady—bringing us face to face with issues of the gravest import.

Case VI.—The first time I realised that this condition was sometimes associated with uterine fibroids was in 1894, when Dr. Cook asked me to see with him a patient who had an enlarged uterus. She had not passed the menopause, and she had between the periods a profuse, dirty coloured and extremely offensive discharge. The odour was so pronounced that it was perceptible some distance from the patient's bed, and was extremely difficult to remove from the examining fingers. It suggested rather a gangrenous condition (*e.g.*, of a polypus), but the duration of the condition, the absence of fever or other indications of septic intoxication negatived this supposition. It was diagnosed to be malignant disease, and hysterectomy was performed. The specimen is in the museum of the London Homœopthic Hospital, and shows a well-marked interstitial myo-fibroma. The Clinical Research Association issued a report, which states that the tumour "is permeated by many capillary vessels, but there is no evidence of malignant disease in it. Sections of the wall of the uterine cavity show diffused inflammatory thickening of the mucous membrane (endometritis). There are abundant catarrhal changes in the uterine tubules, and much small cell growth around them, but there is nothing to indicate malignant disease."

I have subsequently seen at least one case where the diagnosis was equally uncertain, and where at a consultation some of my colleagues disagreed with me, and on the strength of the character of the discharge concluded in favour of malignancy. Post-operational examination showed again myoma and endometritis. In at least two cases which I now call to mind, where the diagnosis of myo-fibroma was undoubted, brownish and offensive intermenstrual discharge co-existed.

G.—Finally come cases of

VAGINITIS AND "CERVICAL EROSION"

—glandular hypertrophy of the cervical mucous membrane. Pathologically these cases should have stood between the endometritis and polypus cases already referred to, but clinically they are best classified separately.

CASE VII.—In 1889 Fanny S. first came under my care. She first complained of abdominal pains and "spasms." Later on she developed attacks like catarrhal enteritis—acute pains and profuse frequent straining diarrhœa. Still later, in 1894, she had several attacks of pelvic peritonitis, the cause of which was diagnosed to be tubal catarrhal inflammation. During the years from 1890 to 1894 she developed dyspareunia and a neurotic condition. Her health was so bad and her pain so constant that towards the end of 1894 I removed the uterine appendages. Since then she has had no painful diarrhœa or peritonitis, but dyspareunia persisted and vaginitis with cervical erosion was found. The vaginitis and erosion were accompanied by a blood-stained discharge of an excoriating nature. The discharge ceased after local treatment but the dyspareunia persists.

SUMMARY.—While not pretending to deal exhaustively with this subject, I think I have alluded to most of the conditions in which the symptom at the head of my paper occurs. No books have been consulted in its compilation, so that while it is possible some diseases unmentioned here may have been noted by others where coloured offensive leucorrhœa has been present, its proportional clinical significance as it has impressed itself upon me during some years in a fairly large clinique is here recorded.

It is hardly necessary to state that the group is only united by the one clinical symptom, and only presented together here that the diagnostic worth of the symptom may be duly appreciated in the light of the examining couch, bedside and operating table.

A word, perhaps, is necessary as to the nature of the discharge referred to. No two cases are probably exactly alike in this respect—even cases of the same disease differing widely. In some instances the secretion is thick, in others thin; now it is of a dark colour, and again very pale; sometimes it is chiefly blood, at others it is barely stained. In the same patient it may vary in some of these points, as also in the odour present. The voluntary description of the patient, or that accepted by her, will have a significance varying with the individual's intelligence or imaginativeness. Nevertheless it appears to me that the expression "a coloured or blood-stained offensive discharge" will cover the whole, and it is here

many cases clinically meet, though therapeutically finer descriptive differentiation is needed. The various maladies, then, in which it is not uncommon to find such a discharge, not necessarily in order either of frequency or importance, are as follows :—

1. Malignant uterine diesases.
2. Retained products of conception.
3. Endometritist—senile, parous and virginal.
4. Mucous polypus, intra-uterine and cervical.
5. Urethral caruncle.
6. Uterine myo-fibroma.
7. Vaginitis and cervical erosion.

As inference from the facts adduced I would venture to emphasise my belief—

α. That such a discharge calls for prompt if not immediate physical examination. In the case of married women the examination should be immediate.

β. That where a tumour is present, and the other signs and symptoms do not unerringly indicate the nature of the case, the uterus should unhesitatingly be dilated, and its cavity explored with finger or curette as may be necessary.

London, W.

NOTES ON HEMICRANIA AND NEURASTHENIA IN MEN.

By Giles F. Goldsbrough, M.D.
Assistant Physician to the London Homœopathic Hospital.

Hemicrania

Amongst minor disorders of the nervous system in men, one of the commonest is some form of hemicrania. The affection occurs particularly in men whose occupation involves anxiety and mental strain, who pay little attention to muscular exercise, and whose food and drink are often of bad quality and taken at irregular intervals. Domestic anxiety and loss of sleep are also potent in the production of the same disorder which, added to the other causes mentioned, are common conditions in the life of struggling business men. Twenty years' general practice in suburbs of London, mostly peopled by men of this class, have afforded me opportunities of seeing and treating a large number of such cases, and the experience gained and

the principles deducible therefrom may be of value to those beginning practice, especially the practice of homœopathy.

Many valuable contributions to homœopathic literature have been made from time to time on this subject, and I acknowledge my indebtedness to these for aid in practice. These notes are intended as an addition, confirmatory or otherwise, of results hitherto recorded.

By the term "hemicrania" is to be understood the occurrence of one-sided headache, to which the patient is more or less "subject"—a suggestive word commanding a wide field of enquiry in relation to etiology—that is, which recurs in attacks of variable duration, and with more or less periodicity, and attended with other symptoms more or less characteristic. The attack begins always with more or less cloudiness or depression of mind, and sometimes with dimness or blurring of vision. It increases in severity for a certain length of time, the pain being variable in character and intensity, and then declines suddenly or more often gradually. The climax is attended usually with the following symptoms occurring singly or together, and with a greater or less degree of severity:—Nausea, leading sometimes to faintness, sinking and sensation of turning over in the epigastrium, palpitation or irregularity in rhythm and frequency of the pulse, vomiting of the contents of the stomach, with sometimes continued retching afterwards, and a more or less complete prostration. A long sleep is necessary for a restoration of deranged function, or sometimes this may be obtained by vigorous exercise in cool fresh air.

1. *Diagnosis of the cause in individual cases.*—In order to treat hemicrania successfully, it is necessary that a complete diagnosis be made of each case from the point of view of its etiology. It is seldom that one cause only operates in the production of the tendency, although a single simple cause may be sufficient to bring on an attack. The constitutional tendency is often hereditary or associated with a markedly inherited neuropathic disposition. Cases having this basis are the most difficult to treat. If the predisposing cause or causes are an acquired neuropathic habit, brought about by persistent neglect of hygienic rules, more especially pertaining to the employment of the mind, these are less

difficult to treat, but still formidable. The cases yielding more readily are those where the ordinary laws of health have been neglected and where such neglect can be remedied. Neglect of the common rules for sleep, adequate fresh air and exercise, bathing, eating and drinking, indulgence in stimulants, or narcotics, emotionally exciting amusements, or sexual excess may be productive in maintaining the tendency or exciting individual attacks. It is essential for the physician, therefore, if he is to successfully combat this disorder, to examine carefully into the details of each case, and to be able to put his finger on the weak spot in his patient's daily life.

2. *Treatment*: *Hygienic*.—The actual treatment of a case resolves itself into the measures to be adopted for the attack itself, and those to be adopted in the interval. As regards the attack itself, when the pain has once set in there is little that can be done in the way of medicine until the climax is reached, when one dose of the appropriate drug which has been chosen for administration in the interval may hasten the cessation of the paroxysm. Attention to a few simple details will however very much mitigate the severity of a paroxysm. Lying down or reclining in a darkened room, entirely free from noise, with the avoidance of the least intellectual effort, or the exercise of the senses, are conditions which the instincts of a patient usually prompt him to seek without advice, and they should in all cases be adopted. Bathing the head with hot or cold water at intervals of an hour or so may be found of service, as also the application of a tight band round the forehead. Abstinence from food is not to be recommended, although food is often refused by the patient. That which is taken should be free from fat, free sugar, or any special flavour, and it should not require special effort on the part of the digestive organs. Vomiting may sometimes be hastened by hot water or soda water drunk in considerable quantities, but when once the stomach is emptied of its contents, especially if retching continues, nothing should be swallowed until the latter ceases or the stomach has had an interval of complete rest.

Treatment in the interval of the attacks comprises the correction of faulty habits, and the formation of new ones adapted to the subjective tendency and the admin-

istration of the suitable homœopathic remedy. Quiet and refreshing sleep regularly every night is a *sine qua non* to a man who is possessed of the tendency referred to, and such sleep must be free from internal disturbing elements as well as external. Thus, when such is sought, the brain should be passive, digestion three parts completed, the colon and bladder empty, and the circulation regular and equable. It is scarcely necessary to refer to an adequate ventilation of the sleeping apartment, or due amount of cubic space and sufficient covering for the body according to the season of the year, as external conditions which are absolutely essential for the attainment of the sleep required. Next to sleep, attention should be given to diet and digestion. The diet should be arranged so that as much variety as possible may be taken at regular intervals, with due regard to the capacity of the digestion and a daily evacuation of the bowels. A want of attention to this latter point, and also to overloading and consequent dilatation of the stomach are fruitfully exciting causes of individual attacks. Exercise in the open air for a period of regular duration daily, will also be a valuable adjunct to other measures suggested. In the case of business men of sedentary habits this is difficult to obtain, but its importance cannot be over-rated, and a walk of a mile or two instead of an accustomed ride might be enforced whenever practicable. It is needless to add that golf, cycling, and lawn-tennis are valuable aids in attaining this object.

3. *Treatment by Medicines.*—In regard to drugs, there are about six or eight clearly indicated in cases of hemicrania, from which a selection might be made as a standard remedy, and a number of others which according to special conditions requiring separate attention may be useful from time to time. Foremost among standard remedies is iris versicolor. This medicine is of special value when the attacks recur at regular intervals, and particularly at intervals of a week. In some cases the attacks recur with unfailing regularity on a Sunday, and here iris is the remedy before all others. The writer of these notes has verified this indication with complete success in several instances. As to the reason why the attacks recur on the Sunday it is difficult

to speak positively, but most probably some interruption of routine on the Saturday, and lying too long in bed on Sunday morning may account for it. Additional indications for iris are a violence and acuteness of the pain, the right side for its seat, and severe vomiting as an accompaniment. The dilutions 3 c. to 12 c. will probably serve better than lower ones, and the medicine should be given regularly in two or three intervals before a change is made.

Chelidonium majus, in the writer's experience, stands next in order to iris, and, saving the regularity of attack and the occurrence of severe vomiting, the indications for it are not very different. Chelidonium seems to have a special affinity for the right temple and orbit. Dilutions 3 to 12, as with iris, have served very well. Kali Bichromicum is indicated when the left side is affected, a much rarer contingency than that of the right. The remedy acts well, and, together with the adoption of the rules above mentioned, in the writer's hands it effectually prevented the recurrence of any attack, after administration once in a case where the man's business had previously been continually interrupted by them. The 6th dilution was administered in that case. Other remedies are belladonna, nux vomica, and veratrum album, which perhaps are adapted to either side and must be chosen according to their peculiar indications in each case. Bryonia is not often indicated in true hemicrania, but the following case which strongly simulated it, although without a crisis, illustrates the value of this remedy, and shows that faulty digestion being the exciting cause it may prove of excellent service.

Mr. H., age 58, a lecturer at a Polytechnic Institute, applied for treatment on April 11, 1893. He is of a nervous anxious temperament, but very careful in eating and drinking, and does not complain of any symptoms of dyspepsia. He states that he suffers from paroxysmal headache at irregular intervals, the pain being seated on the left side of the occiput, accompanied with nausea and occasionally vertigo, the attack often lasting three days. While the attack lasts the pain is always worse after eating and especially after eating meat. Health is otherwise good, but the attacks greatly interfere with

business. The reason for the choice of bryonia 3 is not recorded, but the result was as follows:—

June 3rd. No real attack of headache since taking medicine; some slight threatenings. General health very good.

Feb. 10th, 1894. Quite well until recently, when some return of similar headache. Repeat.

On two or three occasions since—the last being this year—the patient has returned with a similar report, always with a similar prompt result.

II.—NEURASTHENIA.

1. *An Aurum Case.*—The following case illustrates in a marked degree the value of aurum in cases of neurasthenia in men. The return of the patient this year has prompted the record of his case.

S. B., age 40, married, commercial traveller, applied for treatment on May 4th, 1895. For nearly a year he has lost sexual power, and has become very feeble. He is very depressed; business worries him because he cannot accomplish it, owing to weariness and lassitude which ensue directly he attempts to walk. He had vertigo when first attacked, but never headache. He is temperate in his habits. Has had gonorrhœa, but not syphilis or any other serious illness. Father died in action, mother is living. One brother died of paralysis at 42.

Patient's appearance and attitude are abject. He is of medium height, of a heavy countenance, and a doleful voice. He does not appear to have any actual motor loss, and he can stand and walk well with his eyes shut. The special senses are normal, and patella reflexes intact. There is some chronic nasal catarrh. Appetite poor, nausea, bad taste in mouth. Bowels regular. Urine normal. Lungs, heart, and liver normal. Some abdominal flatus.

Aurum 4x gr. j, at night; bry. 4x gtt. ij, in the morning, were ordered.

On May 12 he is reported as improving every way.

May 23.—His aspect is quite altered. Countenance bright, has confidence in himself, and is able to do as much walking as needful. Appetite better. Nasal catarrh unaltered. Substitute hepar 3 for bryonia.

On June 4th he is reported as still having some catarrh, but otherwise well.

The patient returned on March 16th of present year saying he had become depressed again, and was afraid of losing strength as before, which loss indeed had already begun. Aurum met. 4x night and morning was ordered. On March 23rd he returned saying that he was quite well, the medicine having acted upon him instantly. He has not been seen since.

2. *Telegraphists' Neurasthenia.*—There is a form of neurasthenia in men, of which the writer has met with at least three cases, which may be termed telegraphists' neurasthenia. It appears to be caused by the irritating effect upon certain nervous temperaments, of working the machines in the Central Telegraph Office. The cases referred to were men all employed in this office, and came for treatment independently of each other, two in private and one in hospital practice. Doubtless the anxious work of the office, periods of night duty and consequent systematic neglect of regular sleep and food, might have contributed to the production of the disorder as well as the irritating noise of the machines. The condition from which these men were suffering was decidedly peculiar and characteristic; indeed, their ailment is known in the office by a distinctive name. It may be best described as a combination of hypochondriasis and irritative dyspepsia, except that a feature of the hypochondriasis is a continued worry and fear, not only that his own ailment is of a serious character, but that he will not have strength to do the office work properly or correctly, and that the heads of the office will continually have occasion to find fault. This mental state constituted the chief symptom in all the cases, and if the patient could be persuaded that his bodily ailment was not serious, and all would go well at the office, his recovery was assured. There is little headache, but a confessed confusion of thought and loss of memory, although all questions are answered correctly, and there is no record of any lapse of memory from the official point of view. The appetite is poor, tongue usually coated, and all food is stated to cause discomfort whether in the nature of fulness or actual pain. Independently of food, a pain in the epigastric region or above the umbilicus is almost continuously present, and the patient can scarcely be persuaded that he has not some serious organic disease there. The bowels are usually regular,

and urine normal. There is some altered pulse-rate but seldom disturbance of rhythm.

In all the cases from which these notes are compiled absence from business was deemed necessary for recovery. Open air exercise, and in two instances change to the sea-side, were strictly enjoined.

The remedies used were arg. nit., ac. phos., cham. (at night) and some others. Gradual improvement and subsequent resumption of official duty occurred in each instance.

London.

LAUROCERASUS.

By D. MacNish, M.D.

Assistant Physician to the London Homœopathic Hospital.

Pulmonary diseases play an important part in the practice of the general practitioner. Especially has this been the case since the appearance of epidemic influenza. The ordinary diseases of the lungs are easily and promptly combated by homœopathic remedies. But there occur cases where the ordinary remedies appear to and do fail. Such cases are of frequent occurrence, and in the treatment of these laurocerasus may be and often is of inestimable value. It is used successfully as an intercurrent remedy and also as a direct curative agent in certain lung diseases. In the general treatment of some cases a period frequently arrives when the remedies, though accurately and skilfully chosen, fail to produce any favourable effect on the disease. At this period laurocerasus acts most beneficially, and may well be labelled the "sulphur of the lung." It is a remedy too rarely used in our treatment. In the medical out-patient practice of the London Homœopathic Hospital there is ample opportunity to apply the remedy, and the following cases may be selected as showing the benefit to be derived from its use. Laurocerasus has been chiefly used when the lung is not only in a state of inertia—unresponsive to its remedies, but also when undergoing retrogressive changes, which, if unchecked, may, and often do, ultimately produce a fatal result. Out of numerous cases in which the remedy has been used I may select the following:

I. Jan. 2nd, 1896.—W. S., æt. 23, male, reported himself at the London Homœopathic Hospital, suffering from cough for four months. His mother died from pleurisy—family history otherwise good. Patient has had no previous illness. His cough was most troublesome, especially at night—there was scarcely any phlegm—no history of hæmoptysis; suffered from night sweats, but was not losing flesh. His digestion was good. On examination there was flattening at upper part of right lung; dulness extending from apex to third rib anteriorly—breathing tubular over this area; vocal fremitus and vocal resonance very much increased; there was slight impairment of the note posteriorly as far as spine of scapula. Left lung no abnormal changes detected. Heart normal as regards position and sounds. Hyoscyam. 3.

Jan. 9th, 1896.—Very little better; temp. 98.6; Phosph. 12.

Jan. 16th.—The same; cough still troublesome. Phosph. 12; bell. 3 p.r.n. for cough.

Jan. 23rd.—No better. Laurocerasus 3x.

Jan. 30th.—Much better. Rep.

Feb. 6th.—Very much better; feels stronger and much better in himself. Cough no longer gives any trouble.

II. July 22nd, 1896.—J. H., æt. 54, male, complained of spitting of blood; duration 15 years. Previous illnesses: pleurisy 15 years ago, pulmonary congestion, erysipelas. No history of phthisis in family. His cough was incessant, unaccompanied by pain, phlegm white and blood streaked; sometimes he coughed up a tablespoonful and once half-a-pint of blood. Patient is losing flesh. Appetite poor. No digestive troubles. Patient is pale, emaciated. On examination: Heart dulness normal; no bruit. Lungs: right, dulness at apex as far as 2nd rib anteriorly; vocal fremitus and vocal resonance very much increased; breathing over this area tubular with occasional crepitation. Left lung—slight impairment of note at apex; an occasional crepitation heard. Urinary system, nothing abnormal. Laurocerasus 3x.

August 12th.—The same. Rep.

August 26th.—Better. Cough troublesome at night. Rep. laurocerasus 3x, and bell 3 p.r.n. for cough.

Sept. 10th.—Better. Rep. phosph. 3.

Oct. 14th.—No better. Dr. Lambert, who saw patient,

prescribed acalypha indica 3. Patient has lost 9 lbs. in three months.

Oct. 21st.—Much worse; has coughed up teacupful of blood; right cervical gland large and showing signs of suppuration. Silic. 3.

Nov. 4th.—Better. Cough troublesome. Phosph. 2.

Dec. 9th.—Hæmoptysis one week ago. Elaps. 3x.

Feb. 10th, 1897.—Cough most troublesome. Still coughing up bloody sputum. On examination, evidence of cavity at right apex. Crepitations abundant at left apex. Laurocerasus 3x.

March 10th.—Feels stronger. Has gained 3 lbs. within the past 3 months. Cough not so troublesome. Rep.

March 24th.—Scarcely any blood coughed up. Guiacum 3x. Patient is still in attendance.

III. Feb. 29th, 1897.—J. W., æt. 23, female, complains of pain in chest and cough of four years' duration. Previous illnesses: Measles, scarlatina and pertussis. Menses one month ago; fair amount lasting four days; periods irregular and accompanied by severe pain in back and leucorrhœa copious. Cough troublesome, accompanied by sharp pain, generally over the chest. Phlegm copious, yellow, containing clots of blood. Cough is always worse at night. Patient is losing flesh, and suffers from profuse night sweats. On examination temp. 100°; fine râles, moist, heard generally over the chest and fine crepitations at apices. On percussion, note impaired at apices; vocal fremitus and resonance normal. Arsenic. 3, ipecac. 3, alternately 2 h.

Feb. 27th.—Much worse. Coughing up clots of blood all day. Phosph. 12; bell. 3 p.r.n. Temp. 100°.

March 6th.—No better. Laurocerasus 3x.

March 13th.—Feels much better. No blood coughed up for one week. Rep.

March 20th.—Cough and pain worse. Rep. ant. tart. 6x.

March 27th.—No better. Rep. laurocerasus 3x.

April 3rd.—Very much better. Rep. Temp. 98·6°.

April 17th.—Much better. Cough very much improved; feels stronger, and much better generally. On examination localised patches of crepitation at inner border of lungs anteriorly and apices. Rep.

Patient is still in attendance.

The three cases selected are all of a serious nature, the local examinations showing grave lesions of the lungs. It is as yet impossible to foretell the result as regards the fate of the lungs in each case, but so far the general health of the patients has improved, and the lung disease has made camparatively little progress.

London, W.

CASE OF APPENDICITIS.

By Surgeon-Major H. E. Deane.

Private D., 4th Hussars, came under my care on 20th December, 1896. States he had a less severe attack similar to this at Secunderabad early that year, when being treated in hospital for ague. No record of it in his Medical History Sheet. A few days before admission felt slight pain in right side when riding; gradually got worse; had not been constipated. When I saw him there was a globular swelling in right iliac fossa, tender on pressure. No tympanitis. Ordered fomentations and tinct. bell. gtt. 2 every three hours.

On December 21st pain much increased, general over abdomen, and excessive tenderness with great tympanitis, masking swelling previously noticed; in short, he had general peritonitis.

(N.B.—His pulse, felt at left wrist, was very small, scarcely perceptible. This observation is valueless, because I found later he had an abnormal distribution of arteries on this side!)

Ordered liq. hyd. perchlor. gtt. 3 and bell. gtt. 2 alt. every hour and a half; to sip hot water. Copious bilious vomiting existed.

On 22nd December his condition was a trifle better. Ordered turpentine and soap enema, which brought away one or two scybala.

On 23rd December the tympanitis was lessening, also pain much diminished, pulse 104. Ordered enema as before, which produced a rather large scybalous motion, and after which he experienced immediate relief.

On 24th December he had several liquid light-coloured motions, and the abdominal tenderness was most marked in left iliac fossa. The vomiting ceased after the second enema. Ordered nux vomica

On 29th December he got a fresh accession of pain and tenderness over swelling, which again had become apparent on subsidence of tympanitis. I again put him on belladonna and ordered poultices to be applied.

During the first attack his highest temperature (on the 19th) was 100.2°, in the course of three days it came down to normal. When the exacerbation took place on the 29th the temperature rose again, and reached its highest point (101.8°) on January 1st. By the evening of the 2nd it had fallen to normal, and did not rise again.

Since then the swelling has gradually diminished, and he has no pain, and only tenderness on deep pressure. The motions have been solid for some days. (I write on 11th January, 1897.) There is still a marked oblong tumour to be felt. He is being invalided home, as I think he ought to be within reach of an expert to remove the appendix if necessary.

I may say his condition seemed so serious on 21st December that an operation was talked of. He was simply writhing in pain, and yet had not the aspect of a dying man. His tongue was moist but coated white. After 24 hours of treatment operation was no longer considered necessary.

Bangalore.

TRAUMATIC TRACHEITIS SIMULATING CROUP.

By Thomas Simpson, M.D.

Recently a little girl (æt. 4 years) was brought to me to be relieved of so-called croup of long standing, which I understood to have resisted all previous treatment, and I hesitated to undertake the case excepting under promise of unshaken confidence. I was inclined to accept the verdict of previous "consultants," but from the following history given by the mother of the child my suspicions were aroused, and I resolved to investigate the case carefully, with the result described hereafter.

The child had several attacks of catarrhal croup during the second year of life, but none subsequently until six months ago, when the following symptoms developed, and continued until now. Rasping respiration, deep hoarse cough (nocturnal aggravation of both), moist

râles in trachea, aggravated in evening till 2 a.m., only seldom during the day. The face was pale, veins dilated, skin moist. Pulse feeble and small. Temperature subnormal, 97.5°. Stools costive, urine turbid. I prescribed spongia 6 (8 doses), followed by bromine 6 (6 doses), phosphorus 12 (6 doses), at intervals of four hours in succession. No improvement was manifest at the end of six days, and my fears were confirmed that we had to do with a traumatic inflammation of the trachea from the presence of a foreign body therein. Having been impressed by Sir Joseph Lister's presidential address at the British Association relative to the value of Röntgen's rays in the diagnosis of the locality of foreign bodies in the tissues or cavities of the organism, I asked myself, was it probable that any light could be thrown upon the mystery by this method? I considered the possibility of the child having swallowed a coin or a button (without the knowledge of mother or nurse), the foreign body still occuping the air passages at some part of their course. On enquiry I found my suspicions were justified. The nursemaid confessed to having suddenly missed a halfpenny with which the child had been playing.

The neck was exposed to the X rays; we saw the coin lying across the gullet, and we inserted a pair of forceps with which we extracted the coin. The child made a rapid recovery.

Waterloo.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. Mackechnie, Bath.

Epilepsy and Psoriasis,—Œnanthe, Cicuta and Cuprum.

Elizabeth V., æt. 37, single, needlewoman. For nine months has had epileptic attacks, occurring generally about 2 a.m. every two or three days. She bites her tongue. Catamenia regular. No headaches, sight good, there is tinnitus aurium. Sometimes she has a succession of attacks in a few hours, after which she remains stupid and heavy for several days. She came under treat-

* Reports of interesting cases are solicited for these notes. They should be sent to Dr. Ord, Madeira Road, Bournemouth.

ment in July, 1889, and œnanthe was prescribed. During the next three weeks she had only one mild attack; during the fourth week a succession of attacks left her stupid and sleeping heavily. For the first time she did not bite her tongue.

After this, œnanthe was taken continuously for a year. During the first three months she had one of the successions of fits, but much milder than usual. One fit was brought on by an extra hard day's washing. There were occasional slight attacks every week or two, but decreasing in severity. At the end of a year's treatment the actual fits had quite ceased, and only occasional turns of *petit mal* with vertigo occurred on an average once a fortnight.

Again œnanthe was continued, till in December, 1891, the patient had greatly improved, and had only occasional attacks, rarely anything beyond *petit mal*, and this being almost the only trouble, she was put upon cicuta and continued to improve, and in May had no headaches and had lost the nervousness she used to be troubled with. But in October, after the death of her father, she had an increase of the attacks, and œnanthe was repeated. She speedily recovered from the effects of the nervous disturbance. In 1894 and 1895 she was kept nearly continuously under cicuta.

In February, 1896, some psoriasis guttata which had been sprinkled about here and there for some time was mentioned, and she had cuprum 3 and cicuta on alternate three days. These were continued through the remainder of the year. There had been a further improvement in the nervous symptoms since the cuprum was commenced, while under it the psoriasis slowly disappeared. She was last seen at the end of January in this year, when it was evident that all around her believed her to be still improving, and they continue to send in for the medicines.

Summer Diarrhœa.—Veratrum Alb.

1. Milicent C., æt. 6 years. Violent diarrhœa during August for some days, three times a day. Stools watery brown, forcibly evacuated. Colic precedes. Headache, nausea and retching. Tongue clean. Ordered veratrum alb. 3x. Reported cured in five days, no return.

2. William W., æt. 5 years. Diarrhœa in August for several days. Stools gushing and watery, six in 24

hours. Tongue furred. Child weak and exhausted. Ordered veratrum alb. In five days the motions lessened to two per diem, which were loose but healthier. Child much improved. Repeat veratrum. There was no return.

Gastric Neuritis.—Bryonia.

John R., æt. 15 years, a bookbinder. He complains of a colicky pain at umbilicus, with a sense of pressure. It occurs some time after meals when the stomach is empty, and when he wants food. It is worse in the evening. Bowels are costive. Other functions healthy. Ordered bryonia 1x, ter die. In a fortnight patient reported the pains gone and bowels regular. He remained well for five months, then returned with the same pain only more severe, lasting all day and occurring every day. Bowels costive, very large hard stools every two or three days. The pain is rather below the navel, and still worse when he wants food. Ordered bryonia 1x. The pains gradually ceased, bowels resumed a regular habit, and in three weeks he was well.

Odontalgia.—Ignatia.

Ernest S., æt. 8 years, a school-boy. Has complained of toothache constantly for weeks past. The teeth are sound. The pain occurs on any exertion, physical or mental, as when running, or when doing lessons. It is also brought on by the least exposure to cold or draught Ordered ignatia 3x. This relieved during the first week, and was taken for three weeks, by which time all tendency to pain was removed.

Diarrhœa.—Merc. Cyanatus.

Annie G., æt. 25 years, housewife. In August was seized with aching pain in hypogastrium, with frequent dark coloured stools chiefly of scybala. Much tension and flatulence, which rumbles in abdomen. Nausea, but clean tongue. Metallic taste in mouth. Frontal headache and vertigo. Anorexia, and pink sediment in urine. Ordered merc. cyan. 3x. In two days she was practically well, stools loose but painless and infrequent. She only complained of a bad taste in the mouth.

Adenitis—Sanguinaria.

Mrs. S., æt. 47, suffered for some time from swelling and tenderness of the cervical glands. They are hard,

and painful on pressure or moving the head. Her appetite is bad, bowels normal, but menses irregular. Urine high-coloured, with pink deposit. There are pains in the lumbar region, worse at the periods; she has frequent flushings. Ordered sanguinaria 1x gtt. v, ter die. The following week the glands were less swollen and no longer painful, the urine was clear and the back pains relieved. Flushings continued and seemed to radiate from the epigastrium. Repeat sanguinaria. She was next reported as cured.

Reported by Dr. Ord, Bournemouth.

Congenital Deficiency of Parietal Bones—Calc. Carb.

Mrs. Z was confined in September, 1895, of a male infant, by an easy instrumental delivery. The child appeared healthy and well formed, but had what at first resembled a large caput succedaneum over the parietal region. This decreased in size for the first week and then remained stationery, when a careful examination revealed the following condition:—Over the centre of each parietal bone was a softish swelling, projecting half-an-inch beyond the contour of the skull. That on the left side was the larger, being circular and 2½ inches in diameter, the right swelling being rather smaller. There was no fluctuation. Round the margin of each tumour could be felt a hard, irregular, ring of bone, with edges everted outwards. There was no posterior fontanelle to be felt, the anterior fontanelle was large. The appearance caused by this abnormality was that of an enormously long head, the parieto-mental and also the bi-parietal diameters being greatly increased. The cause of the tumours being evidently an absence of the osseous centre in the middle of each parietal bone, leaving only membrane which bulged out from the pressure of intra-cranial contents, and caused the soft edge of the ring of bone growing round in membrane to evert outwards.

It was feared that a hydrocephalic condition had predisposed to the osseous deficiency, and that this would, by gradually increasing pressure, force outward the bones and result in extreme hydrocephalus and death. For the first month it seemed probable that this would occur. The tumours increased, the head elongated,

assuming a more distinctly hydrocephalic shape, and the sutures showed signs of giving way. Grave cerebral symptoms supervened. The child went suddenly into a comatose condition several times a day for three days, afterwards less frequently. These attacks were characterised by pallor, blueness of lips, a peculiar sinking in of eyeballs with dilated pupils, almost imperceptible breathing and pulse. These seizures would last for five to ten minutes, when with a deep sigh consciousness would suddenly return. The circumference of the skull at this time, a month after birth, from the chin and over the tumours was 17¾ inches. The child was bottle fed on cows' milk and barley-water, and gained in flesh and weight. Brandy in drop doses was given during the fits with evident benefit. The remedies tried were first apis, then helleborus; neither had any effect.

Five weeks after birth, the head continuing to enlarge, it was decided to try calc. carb. 6x, gr. iij, t.d.s. Within a week there were signs of improvement. In a fortnight bony flakes could be felt in the membrane covering the tumours, which had perceptibly decreased in size. The comatose attacks were less frequent and prolonged, the child was more vigorous. Bone now was rapidly deposited over the swellings, and in a month after beginning calc. carb. the smaller tumour was completely covered by a thin plate of bone, and the larger tumour also, except a small area in the centre. The head had improved in shape, and although not smaller, the child had grown more in proportion to it. At three months Benger's food was given, and there were no more cerebral attacks. The tumours had almost vanished, except for a slight fulness of the skull over their former site, which was firmly covered with bone, the anterior fontanelle had much diminished in area.

The child is now 18 months old, exceptionally bright and intelligent. The anterior fontanelle closed at 12 months, the head although large, presents no trace of its former abnormality, and is of good contour.

Post-partum Retention of Urine—Equisetum.

The mother of the above case had always suffered from this trouble after parturition, generally requiring the catheter for a week or more. After the birth of this child, the retention was accompanied by much distress

and nervousness, with tenesmus. For two days belladonna ϕ in drop doses relieved and then failed. Having seen equisetum highly recommended in this condition, and other drugs having given no relief, I decided to try it, but found that our local chemists had none in stock. To obtain a supply from London would have involved many hours' delay, and the patient's distress was very great, hot fomentations, enemas and other devices having utterly failed. However, Mr. Hall, of Messrs. Gilbert & Hall, fortunately remembered that the plant grew on the Downs near Swanage, and very kindly went off at once with a bottle of S. V. R. in his pocket in quest of equiseta. Some specimens were obtained and at once placed in the spirit; in an hour's time a fresh plant tincture of about 1x strength was thus obtained. This was given in 5 drop doses every hour, with immediate relief. Water was passed naturally after the second dose, and there was no recurrence of the trouble. The patient did not know until afterwards of the circumstances under which the medicine had been obtained.

I have since used the same tincture in a case of retention during peritoneal crises following dysmenorrhœa in a very neurotic patient, with equally satisfactory results.

REVIEWS.

Transactions of the International Homœopathic Congress, held in London, August, 1896. Edited by R. Hughes, M.D. London: Adlard & Son, Bartholomew Close, E.C. 1896.

Second Notice.

In our issue of March last there appeared a preliminary notice of the *Transactions*, and now we propose to add something more in the way of a review of the various papers and essays which were presented "as read" at the meetings of Congress and subsequently discussed. As a rule, during the discussion the various debatable points raised in the papers were fully treated, and therefore there will be no need to repeat such matter in this notice. Again, we must express regret that the various parts of the volume, and particularly those relating to the discussions and to the papers, should have been paged separately. Had each paper been followed by its discussion, it would have added materially to the reader's comfort and conservation of time. But as we believe that those responsible

for the literary arrangement are beginning to feel also a heavy financial responsibility incurred by the publication of the work, we perceive their wisdom and economy in giving up the plan of continuous pagination.

We may say here that the work has been admirably edited. Typographical errors are indeed a rarity. The difficulties in translating papers written and speeches delivered in other tongues than English, as well as the rendering into correct idiom the many speeches in English from our Continental colleagues, have been ably surmounted by the editor, Dr. Hughes, who we readily believe has taken on his willing shoulders the greatest share of this laborious task. We reiterate the hope expressed in our previous notice, that our colleagues will show their appreciation of Dr. Hughes' services to the Congress and also their eagerness to be up-to-date and *au courant* with the latest ideas and clinical experiences of their homœopathic colleagues throughout the world, by promptly ordering the *Transactions* from the publisher if, perchance, they have not yet done so. We are sure that its thorough perusal or use as a work of reference will amply repay them. If the financial incubus is left to be borne by a few, it would be an unworthy reflection on the *esprit de corps* and loyalty of all true homœopaths.

Not having space at our disposal for any reference to the eloquent address of the President or to the encouraging reports of the history and spread of homœopathy throughout the world, we would confine ourselves to a brief comment on some of the essays and communications and the discussions thereon.

Dr. Hughes, in his prefatory remarks, apologises for the prolixity of these discussions. Doubtless, from an editorial point of view they were long enough; but, taking them as a whole, they were good throughout—interesting, well sustained, exhaustive, and, as a rule, to the point.

The first subject before the Congress was "Homœopathic Literature, its State and Needs." The case, as far as this country is concerned, was opened by a paper by Dr. Dyce Brown, and Dr. Bradford opened in a similar way for literature in America.

Dr. Brown, after referring to the great works on some of which our pathogenesy is built and by others supported, sets forth the needs of a student enquiring into homœopathy. He finds the study of the Materia Medica amply provided for in Dr. Hughes' *Pharmacodynamics*, but points out a desideratum in the way of a comprehensive Practice of medicine, which no book, in his opinion, at present supplies. Turning to another aspect of homœopathic literature, he contends that

the day for militant homœopathy is by no means gone, and suggests the journals as the best medium for giving it voice. With his reasons for this view we entirely concur, and hold a healthy and vigorous journalism to be the best evidence of advance and conquest. Dr. Bradford gives a succinct historical survey of our literature from Hufeland's journal to the present day. Modern literature he very happily reviews by describing the two classes of homœopathic bibliophiles. His sketches of their characters, their methods of work and leanings as manifested by the contents of their library bookshelves, are indeed true, lifelike, and certainly humorous. The discussion following the two papers turned on the question "How shall we improve and complete our literature," and was opened by Dr. Léon Simon, who pointed out that in the endeavour to bring the literature up to date we must not reject the early writers. The literature of Hahnemann and his early followers could never become obsolete, because it consisted in great part of the records of indubitable fact. Other medical theories and treatments, founded on an ever varying science of pathology, must necessarily change from time to time.

The very difficult task of establishing an *à priori* argument for the law of similars has been attempted by Dr. Walter, of Pennsylvania, in a thoughtful and suggestive paper. The principle which he took as the basis of his argument he found in the generally accepted biological postulate that all vital action is in reality a process of self defence. The discussion was worthy of the paper and took such a philosophical turn that one of the speakers deprecated any attempt to go deeper into the subject because they would too soon reach a point at which they would fail to express themselves in such lucid terms that any form of agreement could be arrived at. We feel that in a measure he is right, for homœopathy is so well justified by its works that the discovery of a philosophic rationale will add but little to its reasonableness. To this view leans Dr. W. S. Mills of Connecticut, as evidenced by his paper on *Some Reasons for a Belief in Homœopathy, including some Comparative Statistics*. His reasons are all *à posteriori*. Briefly they are:—1. That Hahnemann, finding that cinchona produced the symptoms of intermittent fever, and also cured it, formulated his rule of procedure. 2. That many drugs such as mercury, iodide of potash, and hyoscyamus, equally efficacious in the hands of allopaths and homœopaths, conform to this rule. 3. That the law of similars may stand such a severe test of its universality as that of applying a drug, the action of which is known in an unfamiliar form of disease. This was done with eminent success by

Hahnemann in the case of cholera before he had personal experience of the disease. 4. That homœopathy is always progressive and that among the intelligent classes. 5. That the statistical comparison of allopathic and homœopathic treatment as carried out in many large hospitals in America results in a constant advantage to homœopathy. We would refer our readers to Dr. Mills' carefully collected examples and figures, for they are most convincing. He concludes this most valuable contribution to our literature as follows: "With the above figures before us—hospital records, private records, epidemic records, records of disease taken collectively, and records of disease taken separately—we surely must believe that it is something more than a fortuitous combination of circumstances which invariably gives the best results to homœopathy. As a sect in medicine we therefore have a right to exist."

Our attention is now diverted from the more militant aspect of homœopathy to matters which bear more directly on its practice. To help us in the selection of the simillimum, we have two papers, one by Dr. Ord of Bournemouth on *Drug Selection by Sequence of Symptoms*, the other by Dr. J. M. Schley, of New York, entitled, *Can we Prescribe Homœopathically with more Success by taking Strict Account of the Pathological Condition in our Patient.* Both papers are valuable and worthy of thorough perusal. They received most favourable criticism during the discussion on the "Selection of the remedy" which followed. The general opinion seemed to be that a judicious consideration of both symptomatology and pathology was the surest way to the selection of a drug with happy result.

An interesting discussion took place on Dr. Clark's paper, *Animal Extracts and Homœopathy*, in which the chief place is given to the consideration of thyroidin. Other extracts, or "sarcodes," as he terms them, from the testicles, ovaries, etc., are only briefly touched upon. To the therapeutics of thyroidin we know he has given much attention, and his paper may be looked upon as an exposition of his researches. Dr. Clark admits the absence of provings of thyroidin in the healthy individual, and, as a second best, makes use of certain toxic effects and additional symptoms noted in diseased persons who had been submitted to a course of the extract, more particularly for myxœdema. On this symptomatic basis he proceeds to administer the drug in homœopathic doses, and even in high attenuations obtains good results. For this reason he would consider the action of thyroidin to be homœopathic to the said toxic effects and additional symptoms. But he does not stop there, but attempts to go

further and claim all the effects of thyroidin for homœopathy. From this claim the discussion elicited almost unanimous dissent, notably in the remarks of Drs. Hughes and Wilkinson. We may note that, fortunately, no attempt was made by the author or any of the speakers to draw any analogy between the "sarcodes" and the "nosodes," confusion of the two being not unusual. The general tone of the discussion had evidently some influence on Dr. Clark, for in his reply he was so conciliatory as to suggest that some modification of his views might be the result.

We have in Dr. Epps' paper on *Aurum*: *its Pathogenesy and Therapeutics*, a valuable compilation of clinical experience, drawn from many sources in many lands, in illustration of the various indications for the use of this drug. The symptoms are divided up and classed under various organs, such as brain, eyes, etc. Each group thus formed is briefly detailed and followed up, including quoted cases and opinions expressed by those who had had some experience. Detailed and accurate references are given in all cases. The paper shows evident care in its construction, and doubtless entailed much diligent searching and sifting of literature. We congratulate the author on the net result and the favourable discussion it received.

Specially interesting among the more recondite and more or less speculative subjects brought under discussion was the essay by Dr. Goldsbrough, on *The Etiology of Chronic Disease: Hahnemann's Theory and Modern Pathology*. The subject was treated in his usual philosophic style, and was well worthy the earnest and lengthy consideration it received at the hands of the Congress. The question is one which requires an unusual amount of thought and previous careful digestion of the varied opinions of the master. In this respect, we know Dr. Goldsbrough, and many who took part in the discussion, to be unusually well qualified. The essayist's object was, to use Dr. Proctor's words, "to rehabilitate in the clothes of modern pathology the declining doctrine of Hahnemann," who endeavoured to ascribe all chronic diseases, other than those credited to syphilis and sycosis, to psora, a condition presumably associated with the itch disease, or scabies. This latter point gave rise to considerable discussion. Some speakers held that Hahnemann identified psora with the disease produced by the acarus scabiei; others that the general group of itching skin eruptions was meant. But there was almost universal agreement that Hahnemann had evinced unusual foresight in foreshadowing the result of of modern research, which establishes the infectious and parasitic origin of many skin diseases hitherto deemed constitutional. We know there are many who deem the attention

given to such a historical subject as this so much waste of time and energy, but we hold that anything is justified which tends to increase our respect for the acumen and foresight of the great founder of homœopathy.

The time-worn question, even yet unsolved, of a posological law, was ably treated by Dr. Léon Simon. He admitted the impossibility as yet of giving a definite solution, but advised the following rule of conduct: "The dose of a homœopathic medicine should be proportioned to that which produces in a healthy man the group of symptoms which we are to cure," and also "the therapeutic dose must be like the pathogenetic, the first being lower than the second." To make this applicable he insists on the systematic proving of the same medicine in various doses. Those who spoke on the subject, while for the most part regretting the great antagonism in homœopathic circles arising out of the posological question, were generally not hopeful of any satisfactory solution and each individual seemed inclined, yea, determined, after all to follow his own sweet will in the matter. We would certainly strenuously advise the utmost toleration on all sides with the hope that some day it may lead to a mutual understanding. Our homœopathic concert, like that of Europe, is weak-backed and feeble for want of absolute unity.

Relating to the subject of "specifics," three papers were presented, and for convenience these were discussed together. This arrangement had its advantages, but resulted in one or two specifics usurping the whole of the discussion. The great specific, mercury, found a place in the valuable paper by Dr. Hansen, of Copenhagen, on *The Action of Mercury and Iodine in Syphilis*, wherein he first gives the indications for the use of the various preparations of mercury and iodine, and then illustrates their application by recording clinical cases of his own. His paper should prove eminently useful in helping the therapist to decide the exact preparation, and to some extent the dose, applicable to each of the legion of venereal phases. A notable fact to which he draws attention is the publication in Berlin by an allopathic physician of a work on *Syphilis and its Cure by Small Doses of Mercury*—another indication of how the tide is ebbing away from allopathy and salivation. The other great specific—that which did much to lead Hahnemann to the conception of homœopathy—is given a leading position in Dr. Majumdar's paper on *Intermittent Fever*. From his wide experience in Calcutta, where the malarial diseases are both endemic and epidemic, we would expect valuable information and direction in their treatment, and we are gratified with the result. Besides cinchona and

its alkaloids, he finds natrum muriaticum, arsenic, nux and ipec. to be the remedies most called for. He gives careful indications for their use, and cites a few clinical cases in illustration. The third paper is from the well-known pen of Dr. Hughes, and is entitled *On the Action of Colchicum and other Specifics*. Colchicum plays, however, a very minor part, for the author dismisses it after briefly vindicating its claim to be a homœopathic remedy by giving instances sufficing to show that the undoubtedly irritant effect of colchicum can manifest themselves in the joints. He then proceeds to analyse in a masterly manner, with the papers of Dr. Hansen and Dr. Majumdar as texts, the claim of quinine, mercury, and iron to be homœopathic medicines in the treatment of ague, syphilis and anæmia respectively. A careful study of these three papers, and particularly of that by Dr. Hughes as being a commentary on the other two, will be amply repaid. The debatable points reviewed in the papers were too numerous and too important to be adequately dealt with in the time-limited discussion which followed. The general interest which had been roused in the question was evidenced by the obtaining of an "extension license" for a further discussion next morning. On that occasion the question mainly at issue was the homœopathicity of mercury to syphilis generally, and among the foremost opponents to that idea we note Dr. Hayward and Dr. Hughes.

(To be continued.)

Transactions of the Fifty-Second Session of the American Institute of Homœopathy, held at Detroit, Mich., June 17th, 1896. Edited by Eugene H. Porter, M.A, M.D., General Secretary. Philadelphia: Sherman & Co. 1896.

This volume represents the cream of the scientific work of the best representatives of the homœopathic members of the American medical profession during the year ending on the date of the meeting of the Institute. A portrait of the president, Dr. Pemberton Dudley, of Philadelphia, forms an appropriate frontispiece.

A record of the minutes of the meetings commences the volume. After a characteristically American address of welcome to the members of the Institute, presented by Dr. MacLachlan, of Detroit, the chairman of the committee of arrangements, on behalf of the homœopathic section of the profession in Michigan, and a suitable reply from the president, Dr. T. P. Wilson, of Cleveland, "dropped into poetry" in honour of the city of Detroit. The president then delivered what is, we believe, known as his "business" address. A

discussion on the report of the committee on medical legislation gives interesting evidence of the increasing influence of the medical representatives of homœopathy in the United States.

The features of the 1896 meeting of the Institute were the materia medica conference and the addresses commemorative of 1796. The president's address is entitled, "1796—*Hahnemann*—1896." It consisted of an eloquent account of the influence of the work which Hahnemann accomplished for therapeutics, with a record of the events of his professional career and of his scientific and literary labours. Dr. Dudley concluded this address with the following powerful appeal to his audience:—

"How near this man's life comes to you and to me! It is almost a part of our own lives. Among civilised and enlightened people, wherever sickness is, there Hahnemann's influence is. There is not a 'school' of medical practice in which it is not seen and felt and acknowledged. There is not an educated physician in all this land, however he may decry his doctrines, whose belief and practice are altogether free from the dictates of Hahnemann's teachings. He comes into our homes and teaches by our firesides, he ministers beside our beds of sickness, he cheers our sick chambers, mitigates the pains and perils of disease, he wards away disaster. He restores the father to his business, the mother to her family, the man of affairs to his responsibilities, the child to the circling love of its parents' arms. How shall we recognise the work of his inestimable ministry? Is posterity doing this man justice? We shall never repay that old debt repudiated a hundred years ago. But are we meeting our own obligations—the debt of the present? Let us at least transmit to our children the heritage of healing we received through his self-denying labours. Let us extend the knowledge of his medical truth to those who have not heard it; publish his gospel of science in every household; rear and equip his colleges for the education of his physicians; swing wide on their hinges the hospital doors to welcome the sick and wounded poor; train his nurses for their angelic ministrations; pile high the altar stones of loving memorial; tell it to the generation following; rear upon the everlasting granite his monument of imperishable bronze, to blazen forth that illustrious name HAHNEMANN, and herald the divine promise of healing, *Similia Similibus Curentur.*"

The next address, that by Dr. Foster, of Chicago, entitled *The Logical Basis of the Law of Similars: Does it Commend Itself to our Reason?* is one of the best, most interesting, and striking of the series. *The Experimental Demonstration of the Law of Similars: Can its Existence and Operation be*

Proved? by Dr. Van Denburg, of Fort Edward, New York, is another and most powerful demonstration that experiment, that experience, has conclusively proved, through the observation and study, not only of avowed disciples of Hahnemann, but of those members of the profession who, either from ignorance or self-interest, protest that the law of similars is a fallacy, and that no such law exists—that experience has proved that this law is an efficient guide in directing the choice of medicines which shall operate as remedies. Dr. Sutherland of Boston follows with an essay in which, from a close, critical and elaborate survey of the history of homœopathy during the last hundred years, he argues, and that most conclusively—*The Clinical Efficiency and Superiority of the Law of Similars.* This is a very interesting and well-reasoned piece of work, based upon a large collection of indisputable facts drawn from a variety of sources.

From these addresses we pass to the papers read in the discussion they evoked at the *Materia Medica Conferences.*

The first of these, by Dr. Conrad Wesselhoeft, of Boston, is devoted to answering two questions—whether the law of similars has been unequivocally demonstrated from general practice, and whether we do not require its more formal proof by inductive experimental research.

The term "unequivocal" in this question leads Dr. Cowperthwaite, in the discussion, to say with much justice, "What have we in this world that is unequivocal? We say we have it, but the science of to-morrow may show us that we have it not. The word 'unequivocal' means a great deal, and means a great deal more than you might at first have thought. I think it quite probable that we have not an unequivocable demonstration; but if we have a demonstration that satisfies our conscience—and that demonstration has been going on, not for a year or two, or five, or ten years, but is the result of a century of experience and investigation—it seems to me that it is rather late in the day for us to demand what may be called an 'unequivocal demonstration." Dr. Wesselhoeft's essay is, as all who are familiar with his writings will readily believe, a cleverly-arranged argument; but it is one better suited to the physicist than to the naturalist, better adapted to the mechanician than the therapeutist; the factors in health and disease are too variable, too inconstant in human beings, to admit of an "unequivocal" demonstration of a rule of drug selection. Dr. Dudley, indeed, went further, and said: "It begins to look as if it were going to be an unequivocal demonstration some day that there was no such thing as an opaque body." Dr. Walter, in the course of his speech in the discussion, put

the question which had been proposed in a very correct light. "Hahnemann," he said, "during all his earlier years was engaged in the work of induction—trying to discover the truth; in his later years he was engaged in the work of deduction—trying to prove the truth. And his followers, from that day to this, have been engaged both in induction and deduction—for deduction is the crowning feature of induction. As long as you continue to discover truth by experimenting, you will never have the truth demonstrated to your satisfaction; but if you have discovered the law, and from thence proceed to demonstrate that law by the production of the results, you will have demonstrated what human reason cannot gainsay." The process of discovering the truth, however, and that of ascertaining the results of its operations is, in each instance, one of experiment. A proving is essentially an experiment, a prescription of the drug proved is no less an experiment. It is the completion of the first experiment by the performance of the second, that has demonstrated the truth of the law *similia similibus curentur*.

Dr. Wesselhoeft, in order to obtain perfect, unequivocal exactness in the procuring of clinical results, proposes that "all, or a certain class of acute cases—say pneumonia or typhoids in our hospitals—should be observed for several years without any medicine whatever. Then, after having collected a fair number of hundreds of such cases, let the same class and number be treated medicinally, or simply compared with those which had been treated with medicines hitherto. This course, if pursued in the hospitals of both schools, would furnish us with the information we have never possessed. Its value would be inestimable." Perhaps so. But what a price to pay for such knowledge! As physicians, our duty is to do the best our knowledge and experience enable us to do for the sick who entrust themselves to our care, in the assurance that we will do *all* we know to promote the recovery of their health. As Dr. Mack, of Chicago, said, "In dealing with a given patient, our main object should always be how to help him, not to find out how to help somebody else."

The proposal of Dr. Wesselhoeft was, we are glad to find from the discussion, however desirable it might appear from a purely scientific point of view, unanimously regarded as being practically impossible and practically unnecessary. The truth of the law of similars has been sufficiently demonstrated to receive the acceptance of all reasonable minds, who will inquire into the grounds upon which its acceptance has hitherto been based, while the proofs of its efficiency, as

shown by the recorded results of its clinical application during the past century render needless the withholding of its advantages from the sick, to however limited an extent, in order that we might ascertain how they would get along without them. So heartless an experiment would do no good and might do much harm. The sick chamber is no field for a cold experiment.

In his reply to the discussion on his essay, one which Dr. H. C. Allen, of Chicago, described as the best agnostic address upon the subject he had ever heard, it is made clear enough that Dr. Wesselhoeft simply desires what he terms stronger evidence of the truth of the law of similars than Hahnemann's cinchona experiment! "It was all right, but there was not enough—we ought to have more of it." Dr. Deschere, of New York, having referred to the "unequivocal evidence" of the truth of the law of similars afforded by the experiments of Dr. Alexander Lewin, in the *Archive für experimentelle Pathologie und Pharmacologie*, and illustrating it by some extracts from *A Contribution to the Pharmacology of the Camphor Groups*. Dr. Wesselhoeft agreed with him that "the old school has done a vast amount of work which proves our law, which proves it unequivocally; but," he adds, "why not do it ourselves?" The fact that this has been done, and well done too, ought to have been sufficient to have prevented Dr. Wesselhoeft from using that very misleading word "unequivocal." It matters not in the least by what "school" the scientific demonstration of the law of similars is worked out, so that it is worked out; while such institutions as those of Dorpat and Strassburg have far greater resources for experimentation than any under the direction of disciples of Hahnemann. Moreover, it is not improbable that such work as that done by Dr. Alexander Lewin, may have greater weight in stimulating a general examination and clinical testing of homœopathy than anything effected outside a university laboratory.

Dr. Wesselhoeft makes it clear enough that he thoroughly believes in the truth and practical value of the law of similars, and that it has been sufficiently proved for clinical purposes; it is only as *advocatus Diaboli* that he appears on the scene of a sort of canonization of Hahnemann.

The paper is ingenious and interesting, while the searching analysis it underwent during the discussion by a number of earnest students and long-experienced practitioners of homœopathy abounds in gratifying evidence of their confidence in it.

Dr. Price, of Baltimore, read an important paper on the *Proving of Drugs*. On this we hope to make some comments in our next number. The third paper at the Conference was on the question whether the totality of the symptoms must be the sole indication to direct us in the choice of a remedy. Its author, Dr. Boericke, argued that it was.

Seven more or less interesting papers are contributed by the section in Materia Medica. Surgical, gynæcological, medical, ophthalmological, obstetrical, and sanitary questions are represented by different sections.

In the Neurological Section, Dr. Talcott, the well known and accomplished superintendent of the Middletown Asylum, in the State of New York, read an interesting paper on cases of insanity in which stramonium was indicated, and being so, had been found effective in promoting recovery. In concluding his paper he spoke as follows on the treatment of insanity generally (p. 815) :—

"In the treatment of the mental diseases, so-called, we find that the more carefully and accurately the homœopathic remedy is applied according to the 'totality of symptoms,' the more surely the patient is relieved of both mental distress and physical degeneration. At the same time, we cannot rely wholly upon the effects of any remedy. The causes of mental disorder must be removed; the sanitary conditions which surround the patient must be the best that are known to modern science. Mental and spiritual hygiene must be applied with scrupulous care. The means and measures for rebuilding the physical forces by the use of suitable diet, given under proper conditions must be attended to with religious perseverance and fidelity. As each remedy should be given according to the 'totality of symptoms,' so, in the re-construction of a degenerate human system, the totality of advantages and opportunities must be strenuously monopolised.

"In the administration of drugs for the cure of mental and nervous disorders, we should exercise profound patience and calmly await the effects of a selected remedy without introducing new and unnecessary drugs. Sometimes we are in such a horrible and hustling hurry to accomplish the desired end that we do not wait to secure the best and happiest results which might follow the persistent use of the indicated remedy."

In the Section on Sanitary Science, during the discussion which followed Dr. Tooker's paper on *The Prevention of Diphtheria*, Dr. Bowen, of Fort Wayne, Indiana, gave the following illustration of the treatment of this formidable disease :

"A wealthy man lost two children with diphtheria; a doctor was called in and said another one must go. He said: 'Doctor, if you will save that child I will give you 500 dollars.' The doctor went to his office and got *Arsenicum*, and gave it to the child, one-tenth of a grain every hour, for three hours. He said he saw an improvement; he was an allopath. He took my advice and put the doses further apart. He then gave it two hours one tenth of a grain of *Arsenious acid*; he went on two hours apart for about twelve hours. Then he came to me and asked: 'What shall I do?' I said: 'Go on four hours apart.' He saved the child. He got his 500 dollars. Now, since that I have learned something; I haven't lost a case of diphtheria for three years. I had a case of smallpox and gave five grains of *Arsenious acid* in five days, and brought the patient through it; he didn't have to take any antidotes for the *Arsenic*. That gave me some more knowledge of *Arsenic*. There is no question but that this will either kill or save. I have since given the one-hundredth of a grain of *Arsenious acid* every hour until I gave three or four doses, and then further apart; if the patient improves, still further apart. I believe the *Arsenicum will* prevent decomposition, *will* prevent the formation of the diphtheritic membrane for other children exposed and to prevent it. I give the same medicine, only putting the dose three hours apart for three days, then six hours apart for three days; so if you should get too much *Arsenic* down you can give antidotes later. I learned that the *Arsenic* does not kill on sight; consequently you have time to antidote, if necessary, after you have cheated death. I have told several others of it, and while they gave *Arsenicum* in larger doses they saved their patients. I give you the knowledge I gained and I really feel that it is safe to follow. Now, I believe you can give the *Arsenic* and not endanger the life of the patient. I believe it is safe, when you think the chances are nine out of ten against saving the patient, to try the Arsenious acid and run the risk, and you will probably save the patient."

This volume demonstrates, to a most gratifying extent, the zeal and energy of the homœopathically practising members of the medical profession in the States in devoting themselves to the development of medicine and surgery in general, and to that of scientific therapeutics in particular, and gives abundant evidence of their success in doing so.

It concludes with a report of the various institutions in the States engaged in active operations in diffusing a knowledge of the advantages of homœopathy as the basis of drug therapeutics.

Summarised, these are as follows:—

National Societies	6
Sectional or Interstate Societies	1
State and Local Societies and Medical Clubs	151
Alumni Associations of Medical Colleges	7
Miscellaneous Associations	2
Hospitals and Institutions	130
Dispensaries	62
Journals	32

We congratulate our Transatlantic colleagues on the valuable volume, illustrative of their work, with which they have presented us.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The seventh meeting of the Session was held at the London Homœopathic Hospital on Thursday, April 1st. Mr. Dudley Wright, Vice-President, in the chair. The following specimens were exhibited:—

1. Carcinoma of omentum. (Dr. Galley Blackley.)

2. Hypertrophic stenosis of the pylorus, with microscopical section of the same. (Dr. Galley Blackley.)

3. Malignant stricture of pylorus, with microscopical section of the same. (Dr. Hervey Bodman.)

4. Portion of liver from a case of pernicious anæmia, showing the iron reaction. (Dr. Hervey Bodman.)

5. Liver showing suppuration around a nodule of secondar carcinoma. (Dr. Hervey Bodman.)

6. Large encephaloid carcinoma of testis, with microscopical section of the same. (Mr. Knox-Snaw.)

7. Dermoid cyst of the ovary, containing hair, bone, &c. (Dr. H. Wynne Thomas and Dr. Burford.)

Section of General Medicine and Pathology.

Dr. Dyce Brown read a paper entitled *Pneumo-gastric Paresis*. The author said the influence of the pneumo-gastric nerve was well-known in tachycardia, but when more profound it induced graver symptoms. He drew attention to a class of cases not described, where symptoms, which he considered due to some derangement of the function of the pneumo-gastric were induced by (1) long-continued nerve over-strain of the brain; (2) some nervous shock, and (3) by some poison, such

as influenza. The symptoms are first those of nervous exhaustion; then respiratory difficulties come on, with cardiac irregularity. The brain becomes confused, and there may be albuminuria and œdema. Towards the end Cheyne Stokes breathing is noticed. The temperature throughout is irregular. No post-mortem had been made on the cases quoted. Dr. Dyce Brown gave six cases in careful detail; in all over strain seemed to be the exciting cause. In case five the influenza poison appeared to be the predisposing agent.

Dr. Ed. M. Madden then reported *A Case of Pneumo-gastric Paresis ending Fatally.* The patient was an elderly lady, aged 79, who became ill with acute cardialgia after a sudden fright. This was followed by an irregular pyrexia, gastric disturbance, and fugitive patches of congestion of the lungs. Then night sweats came on, with feeble pulse, and general prostration. Towards the end of her illness dropsy of the left leg and foot supervened, and the urine became scanty. Dr. Madden thought the diagnosis of pneumo-gastric paresis, made by Dr. Dyce Brown who saw the case in consultation, was the most satisfactory one.

In the discussion that followed, Mr. Dudley Wright, Dr. Dudgeon, Dr. Galley Blackley, Dr. Jagielski, Dr. Byres Moir, Dr. Goldsbrough, Dr. Carfrae, Dr. Stonham and Dr. McLachlan took part.

Dr. Leo Rowse then read a paper on *Some Difficulties in the Diagnosis of Diseases of the Lungs.* Dr. Rowse introduced his subject by giving two instances, one when a diagnosis of acute miliary tuberculosis had been made, and which ultimately proved to be typhoid fever, and another where a diagnosis of acute miliary tuberculosis had been made in a case of severe capillary bronchitis. He then detailed the procedure of an examination, specifying the valuable points to be learnt from a proper "inspection," and then discussed the information to be gained from "palpation." He emphasised the peculiarities of "percussion," and entered fully into the various points to be observed in a proper auscultation. He mentioned that the absence of tubercle bacilli in the sputum does not necessarily contraindicate phthisis. He emphasised the fact that the small first signs of disease—these very slight deviations from the normal—are what we, as clinicians, must be thorough about.

Mr. Dudley Wright, Dr. Moir, Dr. Carfrae, Dr. Blackley, Dr. Bodman, Dr. Burford, Mr. Lestock Reid, took part in the discussion following the reading of the paper.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

Arrangements have been made to celebrate the sixtieth year of our Queen's reign, "the conclusion of the building fund, and the freedom from current deficit," by a Victoria Commemoration Banquet, in the Victoria Hall, Hotel Cecil, on Wednesday, May 26th, when occasion will be offered for the expression of the loyal and thankful feeling of the supporters of the Hospital.

The whole musical arrangements have been undertaken by Mr. Raphaël Roche, and Signor Guetary, of the Royal Italian Opera, Covent Garden, has kindly consented to sing.

THE WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

The report of this institution for 1896 informs us that during the year the total number of attendances at the dispensary was 5,651, as against 4,560 in 1895, an increase of 1,091, and the total number of visits paid to patients at their homes (including consultations at the medical officers' own rooms) was 1,185, as against 497 in 1895, an increase of 688. The medical officers are Dr. Reginald Jones and Dr. Theodore Green.

HOSPITALS IN ENGLAND AND FRANCE.

I was very strongly impressed with the difference between the hospitals in England and those in France.

The London hospitals are large and rather plain and grimy outside, but when one enters we cannot fail to observe that great care and thought and money have been expended for the comfort and welfare of the patients.

I found all the wards exquisitely neat in the several hospitals which I visited both in London and Liverpool.

The meals served were good, consisting of cold meat, bread and butter, tea and jam, or fruit for supper, very similar to the fare served in our own hospitals.

Along the centre of the wards between the two rows of beds, which were clean and white, we observed in all the wards fresh growing plants so placed as to be in view of all the patients.

In the children's ward of the new Homœopathic Hospital of London, a small pet dog afforded the children much amusement, and I observed that the illest children watched it with

evident pleasure as it played with those who were able to run about.

Trained nurses in their neat blue uniforms and white caps and aprons are in charge of the English hospitals.

The hospitals in Paris are large marble palaces, glistening in the sunshine of Sunny France, and are *magnificent on the outside*, but far inferior to the English hospitals inside.

The beds looked gray and dingy. Down between the two rows of beds in the surgical ward of the *Hotel Dieu* is a high narrow bench or table upon which rested the large jars of surgical dressings, bandages, antiseptics, etc., plainly in view of all the patients.

A sister in a dark sombre garb and soiled gingham apron was in charge of the ward. Supper consisted of one thick slice of bread and about four ounces of red wine.

The patients themselves seemed also to partake of the character of their surroundings. In London they were bright, cheerful, hopeful. In Paris, gloomy, despondent, hopeless, miserable faces watched us as we passed from bed to bed.

Surely such an object lesson should be of value to us in the treatment of our sick. We believe that mental impressions are of vast importance in sickness, and that a cheerful contented mind is an important factor in the restoration to health. (Flora A. Brewster, M.D.)—*Baltimore Family Health Journal*, Feb., 1897.

PRESENTATION OF THE PORTRAIT OF LORD LISTER TO THE ROYAL COLLEGE OF SURGEONS.

Sir William MacCormack, President of the College, took the chair at a large meeting of the Fellows and Members of the College of Surgeons on Tuesday, March 30th, when a portrait of Lord Lister, by Mr. Ouless, R.A., was presented to the College on behalf of the subscribers.

The presentation was made by Mr. Davies-Colley, of Guy's Hospital, who made the following interesting and highly appreciative remarks on the influence which Lord Lister's work had had upon surgery. He said that all present knew the great work in surgery associated with the name of Lord Lister. The hospital wards 30 years ago in the old septic days presented a terrible picture, when the wounds were only treated with linseed meal and lint, and there were a large number of deaths. But a brighter day was dawning, for at that time an idea occurred to Professor Lister at Glasgow that the processes of fermentation and decomposition, upon which the researches of Pasteur had recently thrown a

bright light, had an important bearing upon the surgery of wounds. With wonderful patience and sagacity Professor Lister acted upon those ideas, and gradually devised and perfected a system of treatment based upon a recognition of that fact. After a short period of incredulity and opposition the theories and the treatment recommended by Professor Lister had been almost universally adopted, and the result upon surgery had been marvellous. (Cheers.) Not only had the mortality after severe wounds in the ordinary operations of surgery been enormously diminished, but surgeons were now able with safety to perform operations upon bones and joints and serous cavities of the body such as would have appeared to the old masters little short of madness. During the 60 years of the Queen's reign there had been no lack of eminent men in every profession—statesmen, warriors, writers, and men of science; but he ventured to maintain that no one had done half so much as Lord Lister for the removal of suffering and the saving of life, not only in this but in any other country. (Cheers.) The Queen a few weeks since showed her recognition of Lord Lister's great merits by raising him to the peerage. (Cheers.) Men of science in this country had made him President of the Royal Society, and before long he hoped that those thousands who owed life and health to his discoveries would show their gratitude by founding some institution, or raising some great monument in his honour. In the meantime Lord Lister's professional brethren, most of them Members or Fellows of that College, had thought they ought to do something to show how much they owed to his teaching. They came to the conclusion that there was a special fitness in having a portrait painted of one who had done so much to advance the science of surgery, and placing the picture side by side with the portraits of John Hunter, Astley Cooper, and the other great surgeons who had done similar work. (Cheers.) He trusted the likeness he was about to unveil would be thought worthy to adorn the walls of the College. (Cheers.)

The PRESIDENT, in accepting the portrait on behalf of the College, congratulated Lord Salisbury on the discernment he had shown in selecting so worthy a representative as Lord Lister to recommend to Her Majesty for the honour she had graciously conferred upon him.

LORD LISTER, who on rising was loudly cheered, the whole audience standing, said,—I thank you, sir, and Mr. Davies-Colley for the exceedingly generous expressions you have used with reference to myself. It would be affectation to deny that I feel this occasion to be one of extreme gratification. I cannot but be conscious that it is a very high personal honour,

and a remarkable token of esteem and kindly feeling on the part of my colleagues in the noble profession of surgery. But I confess I feel it still more gratifying as a remarkable indication of the general acceptance of the principles which I have for so long a time striven to establish and to promulgate. (Cheers.) I am glad this meeting cannot be regarded in any sense as a mere meeting of congratulation on the distinction, great as I am bound to say I feel it to be, which it has pleased her Majesty to confer upon me, because this project of a portrait was set going before that honour was thought of. (Cheers.) This circumstance makes the occasion still more markedly a tribute to the truth and importance of antiseptic principles. I was reading only to-day a pamphlet which was sent to me by the author, Dr. Coaley, of New York. In it it was stated that in 860 antiseptic operations for the radical cure of hernia, only one death occurred, caused apparently not by the operation, but by the anæsthetic ether given to a child with weak lungs. An achievement like that is enough to cause gladness in the heart of any man who loves his fellow-men. (Cheers.) And yet I cannot help remarking that such results could not have been obtained by the mere recognition of the truth or importance of antiseptic principles. Such success implied not only that the operator was convinced of the truth of those principles, but also that he vigilantly maintained throughout his operations that earnest care which is necessary to prevent those principles from being contravened. This is, indeed, an honour such as in my wildest dreams I never thought of. Words entirely fail me to express my thankfulness, nor am I less thankful to the Council of this great College for deigning to accept this portrait. (Cheers.)

NATIONAL MEMORIAL TO JENNER.

A Meeting was held on Wednesday, March 31st, in the theatre of London University, for the purpose of raising a fund for a national memorial to Jenner. It was presided over by the Duke of Westminster, who, in opening the proceedings, referred to the thorough appreciation which they all shared of Jenner's labours in the prevention of disease, and said that he was "a nephew of an uncle (the late Lord Ebury we believe) who at the commencement of the century contracted the disease of smallpox ten years after he had been vaccinated by Jenner himself—quoted as a proof of the failure of the system, but who, if a failure, was none the worse for the attack, and lived without spot or blemish through the greater part of this century, leaving this scene only a few years ago at the good old age of 92. (Cheers.) Could he be quoted as

a melancholy example of the failure of Jenner's system? He took it that an overwhelming conviction obtained in the minds of all sensible people in this and in every civilized country that the world owed a deep debt of gratitude to Jenner for saving its inhabitants from a foul disease if only they would take the trouble to carefully adopt his treatment, and that periodically. He ventured to affirm that well authenticated facts and figures showing the immunity from the disease in the records of years proved to the hilt the immense value of Jenner's system of prevention by inoculation, and that the few, though as Lord Lister described them, somewhat noisy, opponents had really no leg to stand upon. There was, however, this factor to be dealt with—the amount of false and misleading statements that were circulated among the ignorant, prejudicing their minds against vaccination, which had told so disastrously in Jenner's own county at Gloucester, where it required a severe epidemic of smallpox to convert the anti-vaccinators there into fervent admirers and adopters of his system. (Cheers.)

Lord Herschell moved the first resolution:—"That the present is an appropriate time to inaugurate a work of national utility in honour of Edward Jenner." He had been asked to do so because for several years he presided over the Commission of inquiry into vaccination, which had recently made its report. The inquiry lasted for many years, a vast amount of material was considered, and it fell to his lot to have to digest that material and analyze it and submit a report for the consideration of his colleagues. He laid down, in the first instance, the tests that would furnish an answer to the question, Was vaccination or was it not a preventive of the disease of smallpox and a cause of the modification of the disease where it occurred? He applied those tests, he could truly say, entirely ignorant of the conclusions to which they would lead. He was himself surprised at the force of the evidence which was afforded in favour of vaccination. (Cheers.) He culled from the evidence set forth in the Blue-book a variety of figures illustrating the brilliant results of the introduction of compulsory vaccination into this country, and said it was difficult for any human reason to resist the case in favour of vaccination. Jenner's character had been attacked and his veracity impugned. It had been pointed out that he asserted or expected that vaccination would be permanent in its effects, while everybody admitted that absolute permanency did not exist. The only way to tell whether it would be permanent or not was by experience, and those who availed themselves of the experience of a century of vaccination to assail Jenner, who necessarily did not possess that experience,

were the same persons who very often refused to yield to the teachings of experience when they inquired now what had been the effects of vaccination. (Cheers.)

Professor Michael Foster seconded the resolution, which was supported by Sir A. Lyall and carried unanimously.

Lord Lister moved the next resolution as follows:—"That a subscription be set on foot with a view of promoting, in connexion with the British Institute of Preventive Medicine, but in a manner distinguished by Jenner's name, researches on the lines which he initiated." In speaking to the resolution the noble lord took occasion to correct a mistake into which he fell in his presidential address to the British Association at Liverpool. The mistake, he said, had been made a very great deal of in the newspapers and elsewhere. The statement was to the effect that smallpox was absolutely unknown in the German army as a result of the revaccination of all recruits. He quoted from memory after reading an authority on the subject, and if he had stated that "fatal" smallpox was absolutely unknown in the German army he should have been speaking the literal truth. (Cheers.) Such being the case, he did not think it necessary to rectify in a public manner the mistake he had made when a letter appeared in *The Times* of September 23rd of last year calling attention to this mistake. He had since obtained the official documents from which the writer of this letter had taken the facts to convict him. Now he asserted that from 1874-75 to 1886-87 the only death that occurred in the German army was one, and that was the case of a man who was proved not to have been properly vaccinated. (Laughter.) If, instead of deaths, he took the cases in 1886-87, there were seven out of 844,000 men, in 1885-86 there were six, in 1884-85 there were seven, and so on. He thought, therefore, he had not made any very serious blunder after all. He also traversed the contention of the writer of the letter in question that vaccination had had no influence whatever in diminishing the death-rate from smallpox in the German army, and, having examined the official statistics, declared that from 1874-75, when the Compulsory Re-vaccination Law was passed, the mortality from that cause in the army had become absolutely *nil*. Not only so, but, as a German authority himself had been lately saying, Germany might now be said to be practically free from smallpox, and, therefore, the German statistics were of the highest value in this matter.

CASE IN WHICH ACUTE PAIN IN THE REGION OF THE STOMACH AND PANCREAS WAS APPARENTLY PRODUCED BY THE CONTINUOUS USE OF SACCHARIN.

A., aged 49, first seen 3½ years ago, complained of great pain in the epigastric and right hypochondrial regions. It began in the epigastrium about one hour before rising, and radiated through to the back and across the liver. It disappeared gradually after rising, and never lasted more than an hour. In bad attacks he described the pain as agonising, stabbing in character, coming on in paroxysms which lasted about two minutes, followed by a short period of comparative relief.

I saw him in one or two bad attacks, and they simulated very much biliary or renal colic. There was never any jaundice or change in the urine, nor had he ever passed gall stones. There was distinct tenderness on deep pressure in the right hypochondriac region.

In spite of treatment by dietary and medicine for three months, he was no better, and had lost one stone in weight. He went to Homburg and took a course of the waters, but returned no better. For nine months scarcely a day passed without pain. He had lost 1 st. 6 lbs., and was very despondent. He never vomited, and took food fairly well. He consulted a physician, and his case was diagnosed as probably pancreatic or pyloric colic, and appropriate treatment given. His symptoms, however, continued; he lost over 2 st. in weight, looked very ill indeed, and was at times disabled from following his occupation.

He had been taking saccharin tabloids, each containing gr. ½, six or more daily for 3½ years, instead of sugar. I ordered him to stop the saccharin tabloids. His pain gradually disappeared, and after the first week had entirely gone. It is now twelve months since, and he has gained his weight again, is perfectly well, and has had no return of pain.

Saccharin, it has been stated, if taken by the mouth for a considerable length of time continuously in fairly large doses, produces acute neuralgic pain in the solar plexus and its branches.

I think it is probable that the pain my patient suffered was directly connected with the saccharin he took. He had suffered 2½ years, and had had the benefit of the opinion and treatment of two leading London physicians. It disappeared almost immediately on withdrawing the saccharin fourteen months ago, and he has continued well ever since. (G. R. Hogarth, F.R.C.S.)—*British Medical Journal*, March, 1897.

THE ABUSE OF COCAINE.*

"It would seem that it were hardly necessary to enter a protest against the prescription of cocaine, for use by the patient, and yet it has come to the notice of the writer in several instances of late that such a practice is not uncommon among those who pretend to special skill in the treatment of diseases of the nose and throat. The constant use of the drug in this field for diagnostic and anæsthetic purposes has blunted the edge of caution in its administration, while the marked, though temporary relief to the patient suffering from congestive stenosis tempts the practitioner to place the agent at his disposal.

"That it is a most seductive and dangerous drug to be thus placed in the hands of the patient, is a proposition hardly requiring demonstration, and the physician who deliberately permits, not to say advises it, is likely to have a ruined life placed to his account.

"But a few weeks ago a sensational newspaper item came to my notice in which it was stated that a large proportion of the inhabitants of a manufacturing village had become helpless victims of the cocaine habit, in consequence of the prescription of the drug for catarrh by a physician in a neighbouring city. Doubtless, much of this report could be discounted as newspaper exaggeration, but the details given, carried the conviction that there was a fair proportion of truth in the account. The cocaine was administered in the form of a snuff, in which it was combined with menthol and boracic acid. Its exhilarating properties quickly popularised it and its use spread from one to another until many victims had become ensnared in its fatal charm.

"I have myself met with instances where the drug has been prescribed in this manner and with serious results.

"Within a day or two I received through the mail a reprint of a paper upon the subject of catarrhal diseases of the nose and throat, published in the Journal of the American Medical Association. The object of the reprint was to advertise glyco-thymoline (Kress)—a very worthy preparation—and in giving the treatment for hypertrophic catarrh the following language is used, 'as the comfort of the patient is a desideratum, the use of a 5-per-cent. solution of cocaine applied to the turgescent membrane is advisable, in order to allow more freedom in breathing. This may be done once or twice daily by the patient, at different times, as occasion may require.' Hypertrophic rhinitis is a chronic condition, and

* *The Homœopathic Eye, Ear, and Throat Journal.* New York. (April.)

the temporary relief obtained by such a practice as this would necessarily encourage a frequent repetition and long-continued use of the drug. I can regard such advice as this as little short of criminal, and the journal which publishes it becomes *particeps criminis* by the act. It is especially to be regretted that the organ of the American Medical Association should be the one to lay itself open to this criticism. Representing, as it is presumed to do, the consensus of opinion of the old school, it should scrutinize its contributions with sufficient care to prevent the giving of such dangerous advice.

"The application of cocaine for the relief of turgescence of the Schneiderian membrane is, perhaps, permissible at the hands of the specialist, but it is an expedient which is rarely of more than temporary benefit. Occasionally, at the very beginning of an acute rhinitis, before the vaso-motor nerves have lost their tone, the depletion of the blood-vessels by cocaine will disperse the stasis, vaso-motor control will be re-established and the relief be permanent. But this is the exception rather than the rule, and then only in acute cases. Where such relief does not result, the reaction from the cocaine generally leaves the membrane in a worse condition than before the application.

"What shall we say, therefore, to its application for temporary relief in chronic hypertrophic conditions. How can it be otherwise than positively injurious to the membrane. This of itself would be sufficient reason for interdicting its use, but this objection sinks into insignificance as compared with the possibility of developing in the patient an appetite for the drug. Who would for a moment justify putting morphine into the hands of a patient for the relief of habitual insomnia? To put cocaine into the hands of a patient for the relief of chronic hypertrophic stenosis is equally reprehensible."

Remarks by Mr. Dudley Wright.

The writer of the above article, Dr. F. B. Kellogg, has done well in drawing the attention of the profession to this special form of abuse of cocaine. From all accounts it appears that this method of prescribing insufflations or lotions containing cocaine is becoming more and more common, and is, unfortunately, not limited to old school practitioners.

It must certainly be known to most of us that the cocaine habit is probably not less pernicious than the morphia habit, and yet it seems that this fact is commonly overlooked.

Apart from this side of the question, there is, however, another which should also be borne in mind whenever we are

tempted to give temporary relief to our patients by means of the local application of this drug to the nasal mucosa.

It cannot be denied that the use of a spray of cocaine in suitable strength causes an immediate and marked diminution of the hypertrophied turbinated bodies, more particularly of the lowest turbinate; and, further, that by its anæsthetic action, it allays much of the intense irritability which usually accompanies congestive states of these structures. This beneficial action is, however, but a fleeting one, and is followed in a short time by a varying amount of vaso-motor paralysis, which necessarily increases the previous sufferings.

It is clear, therefore, that on these grounds alone the local use of cocaine in inflammatory conditions is contra-indicated.

It is scarcely necessary to remind homœopaths that in making choice of local remedies it is always safe to prescribe according to the same rules which guide us in general medication. Abundant experience has proved that the principle of similars may be extended to local applications, and not limited merely to internal remedies. The frequent and beneficial use of applications of such drugs as hydrastis and sanguinaria to diseased states of the mucous membranes is sufficient testimony of this.

In hypertrophic rhinitis particularly, the latter drug is of the greatest service, provided it be given in a sufficiently weak attenuation. A third decimal trituration used as a snuff, alone or combined with menthol at a 2 per cent. strength, will be found of very great service in all but the most advanced cases. The menthol appears to have a considerable anæsthetic action when applied either to mucous membrane or skin surfaces, only in the latter case it may be prescribed somewhat stronger. In acute rhinitis the menthol may be used with sweet almond oil as a vehicle, the mixture being sprayed into the nose by means of an atomiser.

It must be remembered that the more acute the hyperæmia the weaker should the local application be, and in acute rhinitis sanguinaria 6x is often sufficient.

BRONCHITIS WITH BRONCHIECTASIS TREATED WITH BELLADONNA.

Miss R., aged 97½, for the last five winters has suffered from bronchial attacks, each successive one being much more severe and trying than the previous. In November, 1895, though the season was mild, she had an unusually severe attack. The secretion was enormous, and her prostration great. She was treated with stimulants and expectorants, terebene and benzoin compounds, all with very little effect on the reduction of the secretion, which I feared was going to

asphyxiate her. After a tedious illness she recovered slowly, and in February she was fairly well.

Early in November, 1896, she again began to develop bronchial troubles, and I looked foward to a long and probably fatal illness. The secretions, as before, were copious to a degree, and the prostration after coughing was alarming. I again resorted to stimulants, etc., but the case was steadily going from bad to worse when I resolved to try, as recommended by Dr. Ringer, tinct. belladonnæ (*B.P.*) ♏x every sixth hour. Stimulants were still given. After the first three doses she complained of intense thirst, with dryness of the mouth and a tendency to nausea. There were no eye symptoms, as she is totally blind, the result of senile atrophy of both optic nerves. I reduced the dose to ♏vj every sixth hour, and gave that steadily for four days, and at the end of that period the improvement was most marked. The expectoration was diminished by fully one-half; by the end of a week its watery character had disappeared entirely. The dose was reduced to ♏iij thrice daily, and this was given for another week, with the result that on December 7th the expectoration, which was nummular, became almost *nil* and easily coughed up, and my patient convalescent. The belladonna certainly exceeded my expectations in this case, as not only did it have such a distinct effect in rapidly reducing the amount of secretion, which was a grave source of danger, but also it enabled my patient to sleep well at night, and at the same time acted as a gentle laxative.—Wm. L. Cullen, St. Boswells, N.B.—*British Medical Journal.*

RAPIDLY OCCURRING HEMIPLEGIA IN ACUTE LEAD POISONING.

Da Costa* relates the following case. The patient was a woman, aged thirty-four years, in good health. Some rooms in the house, but not her bedroom, were painted, and the house became filled with the odour. From the first she complained of headache, which became so severe in three days that her medical attendant was summoned. He found that her speech was thick, the tongue slowly protruded and deviated to the right, and there had been vomiting. Movement of the right arm and leg was much impaired, especially of the latter. This had been preceded by numbness. The loss of power increased, and she was forced to remain in bed. Shortly after the right side was affected; numbness and a sense of coldness were noticed, but never motor

* *American Journal of Medical Sciences*, February 1897.

weakness. Four weeks after the attack, when he saw her, the right arm could be feebly moved, but the grasp was very weak, and the leg powerless. There was no wrist drop, foot drop, tremor, or muscular atrophy; no facial paralysis existed, and the tongue was protruded straight. The knee jerks were exaggerated, especially the right. There was an increased reflex in the forearm, both on tapping the flexors and extensors. There was no anæsthesia or tender spot in the course of the nerves. Tactile sensations were well preserved in the hands. With a strong light a bluish line was found on the gums, especially round the lower left incisors. Iodide of potassium and sulphate of magnesium was prescribed, and she gradually recovered.

The case is remarkable in many respects. The onset of paralysis three days after exposure is unprecedented. Tanquerel des Planches mentions three cases in which it occurred in eight days. The form of paralysis—viz., hemiplegia—is the rarest of all. The absence of hemianæsthesia, as far as could be observed, is unusual; so is the affection of the nervous system without preceding colic. In 102 cases Tanquerel found this to have happened in only fourteen.

Lancet, March 6.

OXY-CHLOROFORM ANÆSTHESIA.

Mr. Nicholson, of Liverpool, presented a paper on this subject at the International Congress, last August, which appears at p. 817 of *The Transactions*. He had previously written upon it in the *British Medical* and other journals. In *The British Medical* of the 13th ult. is a description of an apparatus, constructed by Messrs. Arnold & Sons for Mr. Nicholson, which enables oxygen to be administered at the same time as chloroform. In commenting upon the procedure (p. 680) our contemporary writes:—"The use of oxygen, as an antidote to chloroform, has been suggested quite from the early days of that anæsthetic. From time to time various apparatuses have been invented, whereby oxygen and chloroform can be administered simultaneously, but none have met with general adoption. Mr. T. G. H. Nicholson, of Liverpool, has for some time advocated this particular method of producing anæsthesia. For the plan, it is claimed that, by supplying oxygen *pari passu* with the chloroform, it is possible to maintain the normal tissue metabolism; for it is assumed that chloroform, by lowering the blood pressure and diminishing vagal action, hinders aeration of the tissues, thus tending to produce molecular and systemic asphyxia. Mr. Nicholson believes that, when oxygen is given with chloroform, regular

respiration is always maintained, and he even goes so far as to say, that watching the respiration and the pulse in the sense of anticipating danger, becomes then unnecessary. The experience of Kreutzmann, Neudörfer, Loysell and, more recently, of Northrop, Hassler and others, is certainly favourable to the use of oxygen with chloroform. It is, however, most important to remember that chloroform acts not only through its influence upon the circulation and respiration, but as a protoplasm poison, and lowers the vitality of the cells of all structures exposed to it. We do not at present know whether oxygen is capable of preventing these deleterious tissue changes, or if it allows more chloroform actually to enter the circulation than would otherwise be possible. The vagal depression following the use of chloroform has been pronounced by Bomford to be protective, in so far as it lessens the intake of chloroform. In like manner, molecular asphyxia may, by lessening the actual conveying power of the blood, preserve from such an excessive absorption of the anæsthetic as would take place if tissue metabolism remained unaffected, as it is said to do in the presence of oxygen."

PICRIC ACID.

Dr. Maclennan has written as follows on this important drug. We reprint his remarks from the *British Medical Journal*.

"Picric, or carbazotic, acid, in watery and spirituous solutions, has for long been recognised, especially in France, as a useful application for superficial burns. Mr. D'Arcy Power* has recently recalled this fact, and has urged its more extensive employment in the treatment of burns and scalds. The admirable results which I have seen follow the free application of picric acid in solution to painful and extensive burns, led me to try its effect in the treatment of certain skin affections.

"So far as I am aware, carbazotic acid has been little used, at least in this country, in the treatment of inflammatory skin diseases. In 1877 M. L. L. Grangé drew attention to the healing power of this remedy in some varieties of eczematous eruption. This therapeutic use of carbazotic acid seems to have been almost entirely overlooked, and is not mentioned in any of the larger works on dermatology that I have consulted. In a large number of cases in which I have employed picric acid locally I have found it more successful, by far, than any of the other remedial agents more commonly in use, and I think it well worth a more extensive trial.

* *British Medical Journal*, September 12, 1896.

I.—As a Local Application.

"Acute eczema, associated as it usually is with burning, severe itching and profuse discharge, is rapidly relieved and cured under the influence of picric acid. Owing to the powerful astringent properties which this chemical possesses, it forms, when applied over a discharging or denuded surface, a protective layer of coagulated albumen and epithelial *debris*, under which healing rapidly proceeds; and as a potent antiseptic, by inhibiting the action of, or destroying the microbes on which the formation of pus depends, it completely prevents suppuration.

"Applied as a pigment with a brush or piece of absorbent wool, even to an extensive surface, it is quite free from danger, and causes not the slightest pain, however vascular the surface may be. Almost immediately itching and smarting abate, and in a few days, when the protecting crust is removed or separates, the underlying skin is found to be comparatively dry, free from redness, and covered with a young epidermis.

"In that very troublesome form of acute eczema occurring in children (eczema capitis et faciale) which is usually so intractable to the ordinary methods of treatment, I have had most encouraging results from the use of picric acid. If the hair on the child's head happens to be long it should be cropped short, and all adherent crusts removed by means of poulticing. The raw surface should then be freely painted over, morning and evening, for three or four days in succession with a saturated watery solution. During this treatment the scalp and the face, when it is involved, should be protected by means of a calico mask. After the lapse of a few days, the pellicle which has been formed by the action of the picric acid can be removed by some emollient if it has not previously separated, and if any undue redness or moisture remain a fresh application may be made. The cessation of irritation permits the child to sleep, and its general health soon improves. When the disease becomes quiescent, the local treatment can be combined with, or followed by, the internal administration of alteratives like arsenic or grey powder.

"Although picric acid is so specially valuable in acute discharging eczemas, it will be found an efficient remedy in almost any superficial inflammatory affection. Thus in three cases of erysipelas I have found a saturated solution of picric acid superior to any local remedy I have hitherto tried. It arrested the inflammation and prevented the disease from spreading, and much more rapidly diminished local discomfort than carbolic acid, dusting powder, or ichthyol."

"TINCTURE OF HORSE CHESTNUT."

We are interested to note that the *Pharmaceutical Journal* is recommending, as an internal remedy for hæmorrhoids, tincture of horse chestnut, better known to our readers as æsculus hippocastanum.

BICYCLING.

Dr. Abbott, Secretary of the Massachusetts Board of Health, gives some interesting statistics of the proportion of pulmonary tuberculosis in females compared with males and one of the probable causes of the reduction. The rate in 1851 was 1,451 females to 1,000 males; in 1890, 1,055 females to 1,000 males; in 1895, 974 females to 1,000 males. The reduction in 1895 he considers owing to the general use of the bicycle, which compels that increase of open-air exercise so conducive to health. The old way of close room instead of open-air exercise is, thanks in a measure to the bicycle, one of the mistaken ideas of the past. Any measure which will build up the general health and diminish the death rate of one of the most fearful scourges which has devastated the earth will be looked upon with ever increasing favour by the public. It is also a demonstrated fact that the bicycle has a tendency to enlarge the pelvis and increase the strength of the reproductive organs. This machine is not the fashionable fad of a day or a year, but has come to stay.

The wheel is now being introduced into the leading insane asylums as a great remedial agent. The rider, especially on rough country roads, is obliged to pay such close attention to his wheel that he has no time to indulge in morbid fancies and the brain cells are free to act in a healthy manner. For the time being the cloud lifts from the brain and he is practically sane. This, together with the bracing air, the active exercise, the forgetfulness of self, renewed from day to day, often accomplishes what drugs, though skilfully administered, absolutely fail in doing. The inventor of the bicycle worked better than he knew.—*N. Y. Medical Times.*

HOME FOR MENTAL INVALIDS.

It is not our usual practice to draw special attention to homes of the above nature, but as the home called Dunellon Lodge, at Stonehaven, about 15 miles from Aberdeen, is conducted by Mrs. Archibald Reith, the widow of Dr. Reith, our late lamented colleague in Aberdeen, we may, with propriety, draw the attention of our homœopathic colleagues to it.

Stonehaven is on the sea-coast, a charming little place, where the air is beautifully bracing, and it is sheltered. Mrs. Reith only receives three or four invalids, and these are only such mental or nervous cases as do not require the restraints of an asylum. She has had a special training in mental cases in the Edinburgh (Morningside) Asylum, under Dr. Clouston, from whom she holds a certificate, and she has references to, and testimonials from, most of the leading doctors in Edinburgh, Glasgow and Aberdeen. Mrs. Reith is known to some of us personally, and we feel sure that she is admirably fitted to successfully conduct such a home, and with her kindly, genial, and gentle manner, she would make a real home for any mental or nervous invalid committed to her care. She has been already very successful with the cases she has had, and we wish her all success. Dunellon House is situated about a quarter of a mile from the sea, in its own grounds, and with a pretty outlook, while the sanitary arrangements are, we understand, of the most modern description.

BRITISH HOMŒOPATHIC CONGRESS.

The annual meeting of the Congress will be held this year at Bristol on Thursday, the 16th of September. Further particulars will be announced in due time.

OBITUARY.

LEWIS HALLOCK, M.D.

We regret to have learned from our United States of America exchanges of the death of the venerable Dr. Hallock, of New York.

Dr. Hallock was one of the oldest, if not the oldest physician engaged in practice in New York, and in all probability in America.

Born in 1803, he graduated at the College of Physicians and Surgeons, New York, in 1826. "He continued," says the *New York Medical Times*, "in the intelligent discharge of his professional work until within a few months of his death. Even the last years of his life he could be seen in his carriage driving from the house of one patient to another, many of whom were the children and even grand-children of those whom he had brought into the world in the early days of his practice."

The year before last he attended the annual meeting of the American Institute of Homœopathy, of which he was one of

the founders; of whom one only now survives. On that occasion the venerable gentleman was received with special honour. His presence having been announced, a committee, consisting of Drs. Paine, Talbot, and H. M. Smith, was appointed to escort him from the body of the hall to the platform, where he was warmly welcomed by the President amid the cheers of the members, who had risen to their feet. In a few words he expressed his gratitude for the reception he had received and the demonstration of love and regard he had witnessed. The *Transactions* of the Institute contains a well-executed engraved portrait of Dr. Hallock, which represents him as a man of very considerable vigour, with a countenance expressive of intelligence and determination of character.

His father, Jacob Hallock, was a lineal descendant of Peter Hallock, one of the Pilgrim Fathers, who emigrated in 1640. After practising for 15 years, according to the traditions of the schools, he adopted the teachings of Hahnemann in 1841. He was one of the trustees of the Homœopathic Medical College and Hospital and of the Flower Hospital, New York.

The *New York Medical Times* describes him as "amiable in disposition, courteous in manner, clear in intellect, and of undoubted integrity; in the closing years of his life he was looked upon with reverence and love by the profession to which his whole active life had been devoted."

CORRESPONDENCE.

BRITISH HOMŒOPATHIC SOCIETY INVESTIGATION COMMITTEE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—May I remind those gentlemen (seventy-one in number) who have applied for schedules that the time is approaching when the first return must be made. When the schedules were issued it was decided to present the return at the last meeting of the Society in the year. For this purpose all returns must be made before the end of May. Any cases may be scheduled besides those occurring during the current year, so that the statistics may be drawn from as large a number of cases as possible.

J. ROBERSON DAY, M.D., Lond.

London Homœopathic Hospital,
March 26th, 1897.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Mr. Dudley Wright's report of the treatment for ingrowing toe-nail, as recorded in the *Review* for this month, is a vast improvement on the orthodox treatment for this very painful malady.

In 1865 I was a victim to this trouble, brought about by wearing fishing boots many days in succession, and generally more or less full of water. Mr. Wright's diagram would answer for my condition; the pain and inconvenience was such as to cut short my holiday and compel me to return home. I consulted several surgeons, but all alike agreed there was nothing but the orthodox treatment. (One may often prescribe for others a treatment that one would not like oneself.)

I tried the following plan, and saved the experience of abrasion of the toe-nail. I packed with lint the free end of the nail in its whole length, and the side from the free end of the nail, packing between the nail and the granulation; I then soaked the wool with Thuja ϕ, and placed over it ordinary water dressing. This plan was continued for some days—I think about 10 days. Pressure was relieved by a star cut in an old shoe, thus I was able to get about all that was necessary. In a few days the pain and inflammation had subsided, and within a fortnight I could feel happy in having escaped the surgeon's knife.

Since the above many cases have fallen in my way, and invariably with good results.

It is important to keep the free end of the nail well packed, so that the end of the nail is lifted from its bed gradually and persistently.

If the patient can be relied on, it is not necessary for the surgeon to see it more than once in three or four days; I have not seen a recurrence of the malady in the same toe, but in other toes of the same individual sometimes; thus showing a constitutional tendency to this form of trouble.

I am, Gentlemen,

Yours obediently,

EUBULUS WILLIAMS.

2, Beaufort Road, Clifton.

P.S.—With Mr. Wright's introductory remarks I cordially agree that the orthodox treatment is "RATHER A ROUGH, BARBAROUS PROCEDURE."

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Drs. BURFORD, DAY, GOLDSBROUGH, MACNISH, Mr. JOHNSTONE, Mr. LUKE, Mr. KNOX SHAW, and Mr. DUDLEY WRIGHT (London); Dr. SIMPSON (Manchester); Dr. ORD (Bournemouth); Dr. WILLIAMS (Clifton); Surgeon Major DEANE (Bangalore).

Mr. LUKE should communicate with the publishers.

BOOKS RECEIVED.

The Journal of the British Homœopathic Society. April. London.—*The Homœopathic World.* April. London.—*Medical Reprints.* April. London.—*The Chemist and Druggist.* April. London.—*Catalogue of X Ray Apparatus and Appliances.* Griffin & Sons. London.—*The North American Journal of Homœopathy.* April. New York.—*The Medical Times.* April. New York.—*The Medical Century.* April. New York and Chicago.—*The New England Medical Gazette.* March. Boston.—*Twenty-Seventh Annual Report of the Massachusetts Homœopathic Hospital.* 1897. Boston.—*The Homœopathic Physician.* March. Philadelphia.—*The Hahnemannian Monthly.* April. Philadelphia.—*The Clinique.* March. Chicago.—*Journal of Orificial Surgery.* January and March. Chicago.—*The Homœopathic Recorder.* March. Lancaster, Pa.—*The Homœopathic Envoy.* April. Lancaster, Pa.—*Pacific Coast Journal of Homœopathy.* March. San Francisco and New York.—*The Minneapolis Homœopathic Magazine.* April. *La Homeopatia.* February. Bogotá, Columbia.—*Revue Homœopathique Française.* March. Paris.—*Revue Homœopathique Belge.* February. Brussels.—*Allgemeine Homöopathische Zeitung.* March 25 and April 8. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* April. Leipzig.—*Homœopathisch Maandblad.* April. Zwolle.—*Revista Homeopática.* April. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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MEDICAL AND SURGICAL SCIENCE AND ART DURING THE VICTORIAN ERA.

The month on which we enter to-day will be one long to be remembered as that during which the people of the British Empire celebrated the glorious and prosperous sixty years' reign of Victoria, their beloved and most gracious Queen and Empress of India. This commemoration has been heralded by reviews of the progress made during these sixty years in almost every department of human thought and endeavour. The advances which have been made towards a higher, a purer and more humane ideal in our religious, social, and political conditions, have been set forth, the degrees of progress made in scientific discoveries, in the cultivation of art and literature, in the development of our commerce, have occupied the thoughts of men at once interested in each direction, and competent to inform the public mind on the changes which have occurred in each during the Victorian Era. Among them the profession of medicine has not been without its *laudator temporis*. Mr. Malcolm Morris, the editor of *The Practitioner*,

has contributed, to the *Nineteenth Century* for May, a gratifying and most interesting, as it will to many, we doubt not, prove to be a fully satisfying article, entitled *The Progress of Medicine During the Queen's Reign.* Mr. MORRIS judiciously, for his purpose, uses the word "medicine" in a very comprehensive sense. Surgery, physiology, pathology, therapeutics and hygiene are grouped as "medicine." Hence his field of vision is wider than that over which Sir WILLIAM HAMILTON cast his eye in 1832 and again in 1852, when in an essay he discussed the question, *Has the Practice of Medicine made a Single Step since the Time of Hippocrates?*—an essay to which the late Dr. WARBURTON BEGBIE vainly attempted to reply in 1875. Mr. MORRIS does, indeed, include therapeutics within his survey of the "Progress of Medicine," but the evidence he adduces to display its progress is weak to the extent of triviality, when compared with that of which surgery, physiology, pathology, diagnosis and sanitary science can boast.

The weak point in therapeutic progress, Mr. MORRIS, all unconsciously to himself, we doubt not, more than suggests in one of the opening sentences of his article. In describing the condition of medicine in the 17th, and therefrom, to the early part of the 19th century, upon which he had undertaken to demonstrate that greater progress had been made during the last sixty years than had been the case in the previous sixty centuries, he says that while "HARVEY'S discovery of the circulation of the blood in 1628, laid the corner stone of modern physiology, and thus prepared a foundation for scientific medicine"; yet, "from the 17th to the early part of the 19th century with many improvements in details of the art of healing, there was really no great advance either in the conception of disease or in the principles of treatment"; and then he says, "the discovery of vaccination itself, though one of the greatest practical importance, was *merely the observation of a fact not the enunciation of a law.*" Of the existence of a law of drug-selection, which has been proved invaluable as a principle in treatment by a large and ever increasing number of medical men in all parts of the world, Mr. MORRIS has nothing to say. LISTON, he says, had, when speaking of anæsthesia, contemptuously described it as "the Yankee dodge." This he tells us that he did

only "before he tried it." We will venture to say that nearly every medical man in this country now practising homœopathy, has, "before he tried it," applied an equally contemptuous epithet to that law of drug selection, the facts leading to which were collected, the method of the practical application of which was pointed out, and the truth of which was demonstrated, by HAHNEMANN a hundred years ago, but which, since he has "tried it," he has come to regard as the most fruitful source of his therapeutic success. In every instance that we are aware of the denunciator of homœopathy has denounced it only "before he tried it."

In the diagnosis of disease, Mr. MORRIS shows that the progress of knowledge has been little short of marvellous. The information derived from auscultation during this period has been largely increased. Of nervous diseases nothing was known 60 years ago; the larynx was then a *terra incognita*, the ear was little better; our knowledge of diseases of the skin had advanced, he says, little beyond that of JOHN HUNTER, who divided them into three classes—those which "sulphur could cure, those which mercury could cure, and those which the devil himself couldn't cure." Pathology, he continues, was, at the beginning of the Queen's reign, "a mere note book of *post mortem* appearances."

The surgery of that day was widely different from the surgery we witness and take part in; indeed, it is not too much to say that in no department of the healing art has the progress of knowledge been at once greater and more widely diffused throughout the profession, than it has been in surgery. As the late Sir GEORGE HUMPHRY said in his review of *Some of the Changes in the Surgery of the Last Sixty Years**—"the surgeons of the time were men of ability, well practised in surgery, and supplied with the best apparatus and assistance which a large hospital provided at that time. The fault was not in them, but they had not the means and the additional knowledge, which we now possess. We are no better than they, but we are better equipped to meet these and other contingencies in practice, and our patients are proportionately better off." In the old

* *Lancet*, October 26th, 1895, p. 1,028.

time anæsthesia was unknown and antisepsis unrecognised. The progress of surgery during the Victorian Era has been chiefly due, as Mr. MORRIS points out, to "the discovery of anæsthesia, or the artificial abolition of pain; and antisepsis, or the prevention of infective processes in wounds." The abolition of all suffering during an operation has widely extended the area of the surgeon's opportunities of usefulness. And so too has the application of PASTEUR'S germ theory of putrefaction to the treatment of wounds, the importance of which Lord LISTER pointed out, and, further, described a method of applying it. In his method details have, says Mr. MORRIS, changed and may do so yet, but "whatever change may be made in the details of Listerism, the Listerian principle of safeguarding wounds from every possible source of contamination will stand for ever as the foundation stone of scientific surgery."

To the practice of antisepsis, we owe it that pyæmia, once so prevalent in hospital practice, is now but rarely met with. In short, as Mr. MORRIS says, "the modern surgeon, clad in antisepsis, as the Lady in *Comus* was 'clothed round with chastity,' defies the 'rabble rout' of microbes, and dares things which, only a short time ago, were looked upon as beyond the wildest dreams of scientific enthusiasm."

In concluding his description of surgical progress, Mr. MORRIS observes that, "it is a matter of legitimate satisfaction to all men of English speech, that both the memorable discoveries which have done most to further the progress were made by men of Anglo-Saxon race; and the fact that so large and important a part in the advancement in surgery has been played by subjects of the Queen, is not the least among the many glories of the Victorian Age." With this all Britons will sympathise.

Before leaving the consideration of surgery, we must notice the reference made to appendicitis. The treatment of this disease Mr. MORRIS describes as one of the most useful advances in abdominal surgery, one "which has been to a large extent rescued from the physician, with his policy of *laissez faire*, and placed under the more resolute and more efficient government of the surgeon." It is not a little singular that in the May number of *The Practitioner*, of which Mr. MORRIS is the accom-

plished editor, there is a most instructive paper by Dr. GOODHART, of Guy's Hospital, entitled *Appendicitis from the Physician's Point of View*. If the physician's policy is one of *laissez faire*, the surgeon's is equally liable to be one of undue haste. "An operation," writes Dr. GOODHART, "has often been hurried on of late when the time was not ripe, or even, it may be, that it was not even necessary, because of the risk, and because surgery is so competent and confident. So it is well to remember that there is a very definite mortality or risk attaching to the operation, and it is helpful to remember that it is not often that cases require any operation before the fifth day. . . . So it may be laid down that carefully watching the patient, and holding oneself ready to modify this as occasion seems to demand, an abscess in this region may be expected to mature, if the patient is not doing well, about the fifth day." Appendicitis therefore is not necessarily in all cases to be handed over to the surgeon, even by a physician whose remedial methods are so irritating, and commonly so imperfectly adapted to secure recovery as are those usually taught as "orthodox." While to those who place their confidence in such as are suggested by the rule of drug selection—*similia similibus curentur*—the necessity for surgical interference will be still less frequent, the physician's policy will not in that case be one of *laissez faire*, but of active, because specific medication.

Passing on to consider the progress which has manifested itself in medicine proper, Mr. MORRIS tells us that it has been seen chiefly in the direction of "increase of precision in diagnosis." Here, truly enough, the improvement has been most considerable. The introduction of the ophthalmoscope (1851) and the laryngoscope (1855); the perfection to which the study of the stethoscope has been brought, the invention of the sphygmograph and the cardiograph; the general use into which that "most trustworthy danger signal," the clinical thermometer, has come not only in medical but in surgical and obstetric practice; the employment of the electric search light in the detection of disease of the stomach, bladder, and other hollow organs; of the spectroscope and hæmatocytometer in studying conditions of the blood; the successful application of the microscope to the revelation of "the secret of many

diseases of which our happier forefathers knew nothing"; and the great development of chemical analysis in the investigation of the secretions of various organs have one and all advanced our knowledge of disease, and at the same time have increased our powers of detecting it, upon which we may well congratulate ourselves.

The progress which has taken place in the cultivation of the art of diagnosis during the Victorian era has indeed been marvellous, and has added vastly to the precision with which disease can be traced and defined.

Very interesting is the account Mr. MORRIS gives of the progress of pathology. To the development of physiology, which has been truly astounding during the period under survey, Mr. MORRIS traces the great expansion which has taken place in our knowledge of the nature and causes of disease—a form of knowledge by which not only the physician and surgeon have been aided in their study and investigation of disease, but one upon which hygiene has been built—one out of which "preventive medicine" has been evolved.

The foundation of scientific pathology is credited to VIRCHOW of Berlin, who looked for the starting point of disease in a perverted activity of the living cells of which the tissues and organs of the body are composed. On the other hand, Mr. MORRIS says that "the most fruitful, as it is the most striking development of our knowledge of the causes of disease, has been the discovery of the infinitesimal organisms which go up and down the body seeking whom they may devour . . . . . The doctrine that every disease is a kind of fermentation caused by a specific micro-organism, is so fascinating in its simplicity that it is in danger of being treated by some enthusiasts as if it were a master key which unlocks all the secret chambers of pathology. It is becoming clear, however, that if microbes are necessary causes of a large number of diseases, they are sufficient causes of very few. The living body itself and its environment must be taken into account."

Now, it would appear that there is somewhat of "a reaction against the exaggerated cult of the microbe;" the views of pathologists are reverting once more to a cellular pathology. "It is recognised that the living cell itself is an organism, varying in form and in function, and thus presenting an analogy with the

different species of microbes. Like these, the cell secretes products that have a decided influence on the economy of which they form part. It has been shown by MM. ARMAND GAUTIER, CHARRIN and BOUCHARD, that the organism in its normal state manufactures poisonous substances, and that those products may, under certain conditions, be hurtful to itself, causing auto-intoxication, which may manifest itself in various forms of disease."

While pathological researches have multiplied during recent times, further study of them and increased observation are still needed, ere our knowledge of the nature of disease is so fully assured as to afford at all times a safe basis for therapeutics.

We now come to the consideration of that portion of Mr. MORRIS's essay in which the "great" advance that has taken place in therapeutics is maintained. "The change," he says, "in our conception of disease is naturally bringing about a change in our notions of treatment. The fact, that a specific disease is produced by a specific poison—for the poison is a morbific agent, whether it be manufactured by a microbe or secreted by a cell—inevitably suggests the idea of an antidote. Such antidotes or antitoxins have been discovered for tetanus, diphtheria and some forms of blood poisoning." His comment upon this is, that "theoretically the method appears to be rational, but practically, it must be admitted that it has not yet fulfilled the hopes excited by the first reports of its effects." Disappointing as Mr. MORRIS evidently feels the use of antitoxins to be as evidence of therapeutic progress, he, nevertheless, has "little doubt that as our knowledge of antitoxins grows their field of usefulness will increase." What, we ask, is the ground for entertaining such confidence? He gives none, unless it be in the notion he had expressed that the method appears "theoretically rational." Practically, however, it has not displayed any of the power which one would naturally expect from a rational method. Therapeutic enquiry must take a direction which has been proved to be, or may be proved to be, of practical service in the treatment of disease. Theoretical therapeutics, however satisfactory to the theorist, are of no use to the medical practitioner, and if they be not found to be practically useful, will undoubtedly be banished from the field of medicine to that region of forgetfulness to which the

therapeutic imaginations of past ages have long since been consigned.

Another evidence of therapeutic progress Mr. MORRIS perceives in the method of medication which has come into use during the last few years, to wit, "the introduction into the system of certain animal juices and extracts of various organs to supply the want of similar substances, the manufacture of which is suppressed or diminished by disease." He here refers to the use of the thyroid gland of the sheep in myxœdema and cretinism. Of the value of this "method of medication," he can say nothing more hopeful than that, "in spite of present extravagances, it is possible that we are on a track that may lead to the transformation of medicine." That the thyroid gland of the sheep is a useful article of *materia medica* is true enough, *but* in order that it may become such, it must, like every other substance, be given in cases marked by symptoms similar to those it will itself excite. That it is capable of a poison-like action is clear, and our colleague, Dr. CLARKE, has done useful work in demonstrating the symptoms it is capable of exciting from the records of cases in which it had been given, reported in the medical journals.

"We are very far now," exclaims Mr. MORRIS, "from the blue pill and black draught, which, with the lancet, were the chief weapons in the therapeutic arsenal of the practitioners who bled, and purged, and physicked Her Majesty's lieges in 1837." This, so far as it goes, is undoubtedly evidence of therapeutic progress. The profession has, to a great extent, learned what not to do. SKODA and DIETL of Vienna, SIR JOHN FORBES in England, and HUGHES BENNETT in Scotland were among the earliest of the so-called "orthodox" practitioners to see the mischief done by drenching the sick with nauseous drugs; to see also that some cases of acute forms of disease recovered much more frequently by simple nursing than they had been wont to do when "bled, purged and physicked" *secundum artem*. Mr. MORRIS tells us that Sir WILLIAM GULL is reported to have said, "One thing, I am thankful JENNER and I have together succeeded in doing. We have disabused the public of the belief that doctoring consists in drenching them with nauseous drugs." Nevertheless, continues Mr. MORRIS, "a good deal of faith in drugs still survives, not

only in the public but in the profession, as is shown by the ceaseless introduction of new remedies."

With the admitted improvement in therapeutics from a negative point of view has there been any of a positive character? Mr. MORRIS is prepared to show that there has been. "It is true," he says, "that there is much less drugging than there used to be; moreover, it is better directed." What is the evidence of this? "Pharmacology," we are told, "is now a science, and is able to place in the hands of the doctor the active principles of drugs, which can then be administered in forms at once more convenient and more effective." This we contend is the province of pharmacy, and has been accomplished by pharmaceutists, not by pharmacologists. Work of this kind is to be looked for from Bloomsbury Square, not from Pall Mall; work which simply multiplies drugs by divesting them of what are regarded, and often enough incorrectly regarded, as their inert constituents. Pharmacology, on the other hand, is defined by Professor FRASER, of Edinburgh, as "the science of the action of remedial substances which deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with the elucidation of the changes and with determining what remedies do." Such is Pharmacology, and when the information it affords is utilised at the bedside, guided by the rule of similars, it is a science of the utmost value to the physician, and of the greatest importance to the sick. We do not for one moment underrate pharmacy, but pharmacy does not enable drugs to be "better directed"; that is the end to which pharmacology is studied; an end, moreover, which is attained when it is joined in practice with the law of similars. But Mr. MORRIS mentions the fact that pharmacology is now a science—as being something to be proud of—something to note as evidence of therapeutic progress during the Victorian Era! Dr. WILKS says, "it has often brought discredit on the therapeutic art." The College over which he presides only last year resolved to omit it from the third or final examination for its licence to practise!

Pharmacology cannot be made clinically useful without the aid of the principle of homœopathy; the principle of

homœopathy cannot be advantageously applied unless the remedies it points to are given in very much smaller doses than practitioners who have been accustomed to purge and physic their patients will admit to have any power over disease. Hence it is that the College of Physicians no longer think it desirable for the candidate for their licence to have any knowledge of it. Such knowledge might lead to enquiries as to how pharmacological researches could be best turned to account at the bedside! We all know where that would lead to!

So far Mr. Morris has only adduced as evidence of progress in therapeutics a method of treatment which he describes as being theoretically rational but disappointing in its practical effects; a method of medication that has gone no further than suggesting a "track that may lead to the transformation of medicine"; the survival of a good deal of "faith in drugs, not only in the public but in the profession"; and the power to administer the active principles of drugs! Now, however, he brings to the front some of the chief among the positive "additions to the resources of physic in dealing with disease," acquired by medicine during the Victorian Era. Among the principal of these (they are all he mentions) are salicin and salicylate of soda in rheumatism, nitrite of amyl in angina pectoris, the use of digitalis in heart disease, which was "established on a scientific basis by Dr. Wilks," the cold bath treatment of fever, the Schott treatment of heart disease, the open-air treatment of consumption, the manifold applications of electricity, the great and ever-growing number of chemical products having the power to lower temperature, to deaden pain, to prevent decomposition and antagonise poisons generated in the alimentary canal and elsewhere.

This brief catalogue of the triumphs of drug therapeutics reaped by the non-homœopathic section of the profession during sixty years is not much to boast of, and compared with the progress made by the profession in the study of physiology, pathology, hygiene and the art of diagnosis is positively trivial.

The employment of salicin and the salicylate of soda as a substitute for the now almost obsolete alkaline treatment of rheumatic fever, is probably somewhat of a therapeutic improvement; but they, however, when the course of the cases treated with them has been under

the observation of physicians of the highest training, have not proved themselves to be "in any respects specific in the treatment of rheumatic fever." Dr. GREENHOW, in describing his experience in their use at the Middlesex Hospital at the Clinical Society in 1880, demonstrated this fact very clearly, showing, from the details of some 60 cases, that while apparently temporarily easing the patients they were in the long run not successful. Convalescence was unusually long, and when discharged from the hospital the patients were still unfit for work, while relapses were considerably more frequent after the use of these medicines than when others had been given. Several members of the Society in speaking upon the paper corroborated Dr. GREENHOW's observations by the results of their own experience.

The use of the nitrite of amyl, although no cure for angina pectoris, is nevertheless a clear gain in the treatment of a patient suffering from a severely acute attack, and is undoubtedly efficient in warding off apparently impending death.

Digitalis, in heart disease was, Mr. MORRIS assures us, "established on a scientific basis by Dr. WILKS." In the clinical application of this drug, in the diagnosis of cases of heart disease likely to be benefited by it, Dr. WILKS says: "It is true that experiments with digitalis show similar results to those observed when it is given as a remedy in disease of the heart."—(*Lancet*, November 28, 1885.) In phraseology having a precisely similar import so wrote HAHNEMANN in 1825. It is the presence of similar symptoms in disease to those arising from experiments that enables the physician to distinguish the cases of heart disease that will derive advantages from it from those where it will do no good—cases where the cardiac mischief are not like those that digitalis gives rise to. While it is to HAHNEMANN that we owe our own knowledge of the scientific basis of digitalis in heart disease, those members of the profession who ignore homœopathy are infinitely more indebted for what they do know of the sphere of usefulness of digitalis in cardiac disease to the late Dr. REITH, of Aberdeen, than they are to Dr. WILKS. It was Dr. REITH's study of the action of digitalis, published in the *Edinburgh Medical Journal* for September, 1868, that first put the knowledge of how and when to use it before

the non-homœopathic section of the profession. It was, moreover, the study of the action of digitalis leading him so clearly as it did up to HAHNEMANN'S law of drug-selection, that compelled him to enquire how much further that law was available in practice, an enquiry which convinced him of the truth of homœopathy.

The advantages of the cold bath treatment of typhoid in many instances; of SCHOTT'S combination of LING'S movement cure with bathing in some cases of heart disease; of the open air treatment of consumption in very many cases, all physicians will admit—all rejoice at the increase of power over disease which the researches that have led up to those methods of treatment have given them.

Whether the manifold applications of electricity have done much, so far, to promote "cure work" in the treatment of disease, appears to us to be doubtful. That they have been of great advantage in the diagnosis of disease is obvious to all, and in the practice of surgery they have been made use of with satisfactory results.

Far more questionable have been the advantages of "the great and ever-growing chemical products having the power to lower temperature, to deaden pain." On the therapeutic power and "potentialities of evil" possessed by the chief drugs of this class, the therapeutic committee of the British Medical Association published a report in January, 1894, which was very far from being reassuring; and Dr. BURNEY YEO, writing in the *Lancet* on their power over influenza, says, "they possess no real anti-toxic influence over this affection, and not only leave the patient exposed to all the serious after effects of the influenzal intoxication, but even render him more susceptible to some of them." Their introduction during the Victorian era is no fit subject for congratulation.

Does this brief catalogue of the additions to the therapeutic armament of the physician during the last sixty years exhaust the number of his real gains? We think not. Fields of research and of clinical enquiry have been exploited in secret, and many of the results of the investigations made in them have been secured and introduced as the products of the genius, skill and success of individual modern physicians. New uses of old drugs have been established, and substances never before heard of, save by the followers of HAHNEMANN, to whom

they have been long known, have been "discovered" and utilised in the same direction as he learned to employ them, much to the advantage of the modern physician and the benefit of his patient. For example, the reason assigned by Dr. WILKS for prescribing aconite in pyrexia, to which it was too notoriously homœopathic to admit of denial, was that given by the Rev. ROWLAND HILL for having sacred hymns sung to secular tunes, viz., that "he didn't see why the devil should have all the good music." The only interpretation this illustration admits of is, that Dr. WILKS sees no reason why the homœopathists should have all the good medicines! Neither do we. But we see very sound reason why persons who use these "good medicines" should possess the small amount of honesty requisite to acknowledge the source whence they obtained them. This they might have done, even if they did not care to search for other "good medicines" in the way in which a knowledge of the uses of aconite and the others was obtained. "I believe," said Dr. BURNEY YEO, at King's College Hospital, "that the homœopathists have, in many instances, called attention to the value of drugs which had been too much neglected." Beyond the method of enquiry taught by HAHNEMANN, and the calling into exercise of the principle he had sought out, and through which that enquiry was rendered clinically fruitful, the homœopathists had no power which was not within the range of knowledge possessed by the bulk of the profession. The neglect to make such an enquiry appears to us little short of criminal, when leading physicians like Dr. W. T. SMITH, of Belfast, are heard to complain (in professional gatherings) that the medical treatment of disease is "that department of medicine of which we know least." Why should physicians be content to acquire their knowledge of the actions and uses of drugs at second hand? The perchloride of mercury—known in the German pharmacopœia as mercurius corrosivus—has been of late years trumpeted forth as "a remedy of value" in dysentery and some kindred affections, conditions in which it has been valued by homœopathic physicians since the days of HAHNEMANN. Dr. MILLARD, of Edinburgh, having communicated his experience in the use of this drug to the *British Medical Journal*, some one, a week or two later, recounted a somewhat similar experience in the

same periodical, the information leading to it, he says that he derived from Dr. RINGER'S "excellent work." Dr. MILLARD writes in reply, "I did not get my information of the use of hydrarg. perchlor. from Dr. RINGER'S excellent work, as Dr. MACDONALD perhaps supposes, but from probably the same source that Dr. RINGER obtained his, of which, to anyone that knows, the book contains many traces, viz., from homœopathic treatises."

When we find homœopathy denounced as quackery, those who treat disease homœopathically as impostors, and much more, and then see these same denunciators going to homœopathic treatises to find out what medicines these "impostors" treat certain cases of disease with, then trying them, and having found them to substantiate the truth of what these "impostors" have said regarding them, proclaiming their value, *ex cathedrâ*, as the result of their own observations, ignoring the claims of observers who preceded them half a century or a century ago, what sort of estimate can we form of their integrity? Yet again, when we see physicians employing successfully a medicine so palpably homœopathic to some cases of vomiting as is ipecacuanha, and then trying to evade the conclusion that it is homœopathic by inventing the most absurd theories to explain its curative powers, as *e.g.*, in the case of this very drug, by describing it as "a tonic of the sympathetic," or again obscuring the nature of its action in an entirely inapplicable term, as when digitalis is described as "a cardiac tonic," which indeed is its therapeutic effect when given homœopathically, while physiologically—as numerous cases of poisoning by it prove—it is a cardiac depressant! Dr. RINGER acknowledges that in his opinion "the tonic theory regarding digitalis fails in most instances to explain its usefulness in heart disease." He might have added that the homœopathic principle of drug selection alone accounts for its therapeutic effect being tonic.

The simultaneous employment of remedial medicines, known to be such only through homœopathy, the denunciation of those who made them known, and the ignoring of the means by which they made them known, is to the last degree humiliating to the profession of medicine.

We have said that new uses of old drugs have been established, and new drugs, with their remedial uses, have been discovered through homœopathy, and made known to the bulk of the profession as the original observations of some physician with more or less of a good professional reputation. We have space here to indicate only a few. Many more will be found in Dr. RINGER'S *Handbook of Therapeutics* and Dr. PHILLIPS' *Materia Medica, Vegetable Kingdom.*

The homœopathic uses of that invaluable medicine, aconite, were first made known to the non-homœopathic section of the profession through the pages of the *Lancet* of the 9th of January, 1869, by Dr. RINGER. This we reprinted in our February number of that year, giving in footnotes the sources to which fifteen of their homœopathic uses could be traced. Why the knowledge of the remedial value of aconite had been prevented from being generally known throughout the profession during the previous fifty or sixty years was clearly stated in the *Practitioner* for December, 1868. "I am acquainted," writes Dr. WILKS, "with two medical men who, in the course of a long practice, have been in the habit of daily using it, but have not cared to speak of it too openly for fear of having their names associated with members of an eminently quack system; and it may be remembered that the late Mr. LISTON brought no little odium upon himself on account of his advocacy of the use of this drug in erysipelas." Mr. LISTON, in the course of his advocacy, acknowledged his indebtedness for his acquaintance with the use of aconite in this disease to Dr. QUIN. But then LISTON was well-known not only for his physical, but still more for his moral courage.

In the treatment of Asiatic cholera, in "certain kinds of gastric pain" and "irritative dyspepsia," the uses of arsenic known to and successfully put into practice by homœopathically practising physicians for a century, were added to the resources of empirical practice by Dr. CORNELIUS BLACK in the first instance, by Dr. LEARED and by Dr. THOROWGOOD in the other two.

Tonsillitis, in the treatment of which homœopathically practising physicians have prescribed the tincture of belladonna with much success since HAHNEMANN published the results of his researches into the action of

it on the healthy body, has been introduced to the non-homœopathic section of the profession by Dr. Prosser James and the late Dr. Handfield Jones. Ipecacuanha, as a remedy in some kinds of vomiting, has of course been known to, and set forth as such by homœopaths since the time of Hahnemann. About 1869 Dr. Ringer and the late Dr. Anstie, and several practitioners of medicine writing in the medical journals "discovered" that drop doses of this time-honoured emetic are useful in vomiting! In the review of Dr. Ringer's book in *The British and Foreign Medico-Chirurgical Review* (April, 1870), the reviewer writes: "The author maintains the value of single drop doses of ipecacuanha wine as a remedy for vomiting. Rank homœopathy is the cry. . . . Now the way out of this muddle seems to us very simple. These small doses of ipecacuanha wine either do or do not remedy certain kinds of vomiting, and that they do concurrent testimony seems to prove. . . . It does not matter to us if homœopaths assume this as an instance of their favourite doctrine; it is our business to make use of the information regardless of whatever theory is by a certain class attached to it. The only principle we have to hold by is the paramount necessity of doing our best for our patients. If one drop doses of ipecacuanha wine do good, why not employ them?" The "muddle" consists not in adopting the homœopathic teaching of Dr. Ringer, but, while doing so, denouncing the therapeutic method that led to it as quackery, as a delusion, as utterly absurd, and so forth; in declaiming that homœopathy is false, while following out the practical consequences of the testimony that proves "rank homœopathy" to be true. This is the real muddle involved in prescribing drop doses of ipecacuanha wine in vomiting, and honest enquiry and honourable dealing can alone help those who have got into it out again.

There are many other drugs, the homœopathic uses of which have become familiar to non-homœopathic practitioners of medicine during the Victorian Era, by

time, through the work of HAHNEMANN and his followers. Of these, the sulphide of calcium, known to the ancients as hepar sulphuris is one. The control of this salt over the process of suppuration in various directions, distinctly taught by HAHNEMANN, was incorporated in Dr. RINGER'S article upon it in his *Handbook of Therapeutics*, and has since that time been in general use in this condition with great advantage to many members of the invalid public.

The use of a tincture of the drosera rotundifolia in whooping cough was one of the deductions of HAHNEMANN from the experiments he made with it. From that time to this it has been used with marked success by those physicians who openly acknowledge the value of his teaching, and now, during the last twenty years, by those who pretend that his teaching was false, &c. Dr. LAMARE was one of the first of those who announced to his fellow therapeutic agnostics through the *Journal de Thérapeutique*, how valuable a remedy it was in the disorder in which HAHNEMANN pointed out its curative power. Two years later, Dr. MURRELL published a striking illustration of its value—(*Lancet*, April 17th, 1880.) "One of the points of interest in the case is," writes Dr. MURRELL, "the fact of the drosera having succeeded in a small dose after having failed in large"!

Nitro-glycerine, a medicine in common use in headaches, neuralgias, and also, we believe, in angina pectoris, was first introduced into the practice of medicine (under the name of glonoine) by the late Dr. CONSTANTINE HERING, of Philadelphia, one of HAHNEMANN'S most zealous disciples. It became known to the non-homœopathic section of the profession through Mr. FIELD, Aural Surgeon at St. Mary's Hospital, who was at that time residing in Brighton. His interest in it arose from his one day, either in joke or ridicule, offering to swallow a bottleful of any medicine in the late

few minutes. Mr. FIELD subsequently published some experiments with it in the *Medical Times and Gazette*, giving results exactly like those of HERING and DUDGEON. This is an addition to the therapeutic resources of those who regard homœopathy as a fraud, &c., which they would never have acquired had it not been for the experiments of CONSTANTINE HERING, who again was led to make them from a remark of the discoverer, the French chemist, SOBRERO, in his paper on its composition and chemical properties, that "a very minute quantity produces a violent headache for several hours."

Another illustration of a substance, owing its position as a remedial agent entirely to homœopathy, is the bichromate of potash. The first endeavour to render this salt available as a medicine we owe to a Vienna society of homœopathic physicians formed to investigate the properties of drugs *more Hahnemanni*. A still more thorough enquiry, made by the late Dr. DRYSDALE, of Liverpool, in 1843, was published in the second volume of the *British Journal of Homœopathy* (1844), with notes showing the kind of cases in which the principle of *similia similibus curentur* suggested that it would be useful, and others giving clinical observations verifying those suggestions. Upon its value in certain cases of irritation of the mucous membrane of the stomach, proceeding in some instances to ulceration of it, DRYSDALE laid stress. In 1883, VULPIAN, following DRYSDALE'S hints, published some observations endorsing this therapeutic application, and ten years later Professor FRASER, of Edinburgh, in a paper read at the International Medical Congress held in Rome, and published in the *Lancet*, April 14th, 1894, emphasised its value in irritative dyspepsia and ulceration of the stomach. Professor FRASER, a personal friend of DRYSDALE, did not omit to allude to him in connection with these uses of the bichromate. In September, 1894, Dr. BRADBURY, the Downing Professor of Medicine in the University of Cambridge, published some cases in the *Lancet* illustrating its use in "certain affections of the stomach" —these being instances of the same morbid conditions as those in which DRYSDALE had pointed out its value fifty years ago, and in which physicians practising homœopathy have ever since prescribed it; and yet Professor BRADBURY acknowledges that, until twelve

months previously, he had never heard of bichromate of potash being a therapeutic agent.

Uranium, again, is a salt, the use of which in diabetes, Dr. SAMUEL WEST made known three or four years since to those who ignore homœopathy. He would never have heard of it had it not been for the researches, physiological and clinical, of homœopathic physicians made seven-and-thirty years ago.

The tincture of cactus grandiflorus was never thought of as a medicine until the experiments made with it by the late Dr. RUBINI of Naples—experiments which led to his pointing out its therapeutic use in some cases of disease of the heart. Now, however, that it has had this sphere of its action vouched for in the *British Medical Journal* by a physician who was not supposed to know anything of homœopathy, it has come into every-day use, and, indeed, is sold by patent medicine vendors, under the name "cactina," as a popular heart remedy. The best and most "catchy" tunes in an opera invariably find their way to an Italian organ.

To these we might add the poison of the rattlesnake, introduced by Dr. HAYWARD, of Birkenhead, as a remedy in some conditions similar to those presented by persons bitten by the snake. Of some of these uses we have seen occasional mention in the medical press.

These are but illustrations of the therapeutic power of old and new medicines which owe their position as *remedies* to the carrying out of the much maligned method of HAHNEMANN. That they might be greatly added to we know, but space has its limits, and these have in our case been more than reached already.

Valuable as these therapeutic observations have proved to many physicians who repudiate the principles which led—and alone could lead—to our knowledge of them, they would have proved of infinitely greater value had the mode of prescribing them been more fully known to their prescribers. The consideration of this topic we must postpone to a future occasion.

Therapeutics, we conclude, has been greatly enriched through homœopathy during the Victorian Era, and but for deeply rooted prejudice—thoroughly unscientific prejudice—might have been still more largely enriched.

Mr. MORRIS concludes his article with an outburst of medical optimism. "It is certain," he says, "that

medicine, which had wandered for so many centuries through quagmires of speculation after *ignes fatui* of one kind or another, is now at last on the right path which leads through the discovery of the cause to its removal or the prevention of its effects." Something of the same kind has frequently been declared before. In drug-therapeutics the "right path" was pointed by HAHNEMANN a century ago; those who have followed it have proved it to be the right one, and those who have adopted, all unwillingly and secretly, some of the results of treading that "path," have in a measure and degree confirmed the truth of its being the "right" one.

We may say of the therapeutic method of HAHNEMANN what Mr. MORRIS says of LISTER'S antiseptic method. In his method details have changed, and may yet do so, but whatever change may be made in the details of HAHNEMANN'S teaching, the principle that *similia similibus curentur* urged by him upon the consideration of the profession in 1796 will stand for ever as the foundation-stone of scientific drug selection in the treatment of disease.

THE POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

Two months ago we announced in our pages the names of the lecturers, the subjects they would take up, and the dates of the lecture-demonstations. From that announcement it was evident that those having the management of the series had arranged a full and interesting course of clinical instruction. It was evidently designed to be of a thoroughly practical nature, and as largely as possible of the nature of a clinical demonstration. It has been obvious to those best acquainted with the Hospital that its resources of clinical material are large and have been largely increasing latterly. The enlarged and modern hospital has attracted the notice of medical men, and through them (as well as through the means of patients themselves) a considerable development of both in- and out-patient work has taken place. Side by side with this fact has been the knowledge that many medical men—from lapse of time, from locality, and, most of all, from the isolation which an avowal of faith in the rule of similars brings—have lost touch of

their old hospitals and teaching centres. To utilise to the fullest extent this valuable hospital clinical material, and at the same time to remedy so far as may be the isolation of the homœopathic practitioner, has been the aim of the promoters of the scheme of lectures now in progress. For the sake chiefly of those coming from a distance there are daily two lectures, or a lecture and operations or consultations. In this way an afternoon may be fully and profitably occupied.

The teaching, in addition to being a summary of present practical knowledge of the subjects under treatment, is a *résumé* of the personal experience of the lecturers, both as to the natural history and the treatment of disease. In almost every instance the illustration of the subject is carried out by the exhibition of cases. The patients are submitted, as far as is safe and desirable, to the examination of the audience, who see in the living subject before them the facts stated in the lecture, facts more readily and permanently impressed upon the mind by this than by any other means.

Below we present a brief summary of the manner of treatment by each lecturer of some of the initial subjects. These *abrégés* are intended only as an indication of the scope of the work, not as a condensation of the lectures themselves. At a later date we hope to present in full to our readers some of the most important and interesting lectures.

On another page (365) will be found time-tables, from which readers may ascertain at a glance what is going on at any given time—when their favourite lecturers will demonstrate, and on what days and by whom special subjects in which they may be interested are being dealt with. We believe both visitors and the promoters of the scheme will be gratified with its success.

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Medicine.

The first lecture of the whole series was delivered by Dr. Byres Moir, inaugurating a course of clinical instruction on *Diseases of the Heart.*

Abstract of Lecture I.

The lecturer began by indicating the chief points in the history of a case, which help in determining the

nature of the lesion present, as few physical signs are absolutely pathognomonic.

Age of patient.—In infancy the congenital malformations may be present.

In childhood the prevalence of endo- and pericarditis; both developing in an insidious form without the usual signs of acute rheumatism.

In youth and early adult life functional disorders are common as well as the inflammatory forms of acute rheumatism.

In active manhood, lesions of the aorta and great vessels more common; endocarditis rare as the accompaniment of acute rheumatism after 25 years of age.

In middle life and old age degenerative diseases with the occurrence of arterial ruptures.

Influence of previous illness and disease as a cause.—The frequency with which various illnesses and diseases influenced the production of heart disease was dealt with.

Examination of the patient.—Physical signs:—

Inspection of countenance, colour, &c.

Inspection of the præcordia.

Conformation, and the position, extent and character of visible impulse and especially the position of the apex beat.

Cases were shown illustrating hypertrophy and adherent pericardium as the result of previous attacks of acute rheumatism. One case showed very clearly systolic depression of the lower end of sternum and adjacent costal cartilages from adherent pericardium.

Lecture II.

May 10th.—The demonstration of the character and value of physical signs was continued with *palpation* of the præcordia, to ascertain the apex beat.

Displacement of the heart.—Congenital displacement to the right very rare. Reference to a case lately in the hospital, where the heart was permanently pushed over to the right side as the result of extensive pleuritic effusion of left side. Patient shown in the wards where the heart was high up in the left axilla, the result of old empyema of left side, which had perforated into a bronchus and been followed by falling in of the chest wall with fibroid contraction of lung.

Præcordial thrills and fremitus.—Cases were shown illustrating pericardial friction and presystolic thrill from mitral stenosis.

Percussion of the cardiac dulness.—Causes of increased and diminished dulness.

Demonstration of the method of percussion on a case, with way to keep record on tracing paper.

Alteration of sounds of heart, significance of increased intensity and prolongation of sounds.

Reduplication of heart sounds and theory of production.

Therapeutics of cactus grandiflorus.—Proving by Dr. Rubini of Naples. The use of cactus in a variety of functional and organic diseases of the heart was categorically pointed out by the lecturer.

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Dr. BLACKLEY began his course of lectures on *The Pathology and Therapeutics of the Blood*, by a preliminary lecture on The Physiology of the Blood. The syllabus is as follows:—

Alkalinity of the blood.
  Qualitative tests (illustrated).

Specific gravity.
  Methods of determining.

Coagulation.
  Normal time.
  Effect of calcium chloride, &c.
  Wright's coagulometer (illustrated).

Hæmoglobinometry.
  Gowers's hæmoglobinometer (illustrated).
  Oliver's do. do.
  Spectroscopic estimation.

Histological examination.
  Fresh drop (illustrated).
  Dried stained films.
  Action of staining solutions (illustrated).
  Normal red do.
  Normal white do.
  Varieties of do. do. do.
  Blood plaques.

Counting of corpuscles.
Gowers's hæmacytometer (illustrated).
Thomas do. do.
Gärtner do. do.
Oliver do. do.

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Synopsis of Lecture-Demonstrations on Diseases of the Nervous System.

By Dr. Goldsbrough.

Lecture I.—*On Some Aspects of the General Physiology and Pathology of the Nervous System.*

1. The essential unity of the organism to be borne in mind in studying nervous disease, and the intimate connection of nerve elements and function with other vital elements to which the former are related. 2. Every case of disease presents a separate problem to be solved in which an intimate knowledge of anatomy is absolutely essential, and also the recognition of a true physiological order and relationship of the nervous system to other organs or systems. 3. The afferent and efferent systems should be treated as separate functions, having separate anatomical connections and widely diverse physiological effects. 4. Illustrations of these points by diagrams on the anatomy of the nervous system, both naked eye and microscopic. 5. An important element in the observation of nervous phenomena to be noted, viz., afferent phenomena cannot be truly observed in their operation but only through their effects, they are therefore negative to the observer, but positive to the subject of them exhibiting themselves as feeling. On the other hand efferent phenomena cannot be truly felt, but can be observed, they are therefore negative to the subject of them, but positive to the observer. A comparison of this description serves to suggest elements of caution necessary in noting of the symptoms of nerve disease.

Lecture II. was devoted to general symptomatology and diagnosis. The following order was suggested for the examination of patients as being at once most truly physiological and psychological, viz :—Name, age, sex, occupation, state, duration of disease, character of

onset of symptoms. Personal history; including history of present condition. Family history. Examination of present condition; including:—*a*. General appearance. *b*. Mental state. *c*. Sensorium. *d*. Speech. *e*. Organs of special sense. *f*. Sensory symptoms. *g*. Motor symptoms. *h*. Reflexes. *i*. Vaso-motor symptoms. *k*. Trophic changes. *l*. Electrical reactions. *m*. Other organs and symptoms. A case of spinal cord disease exhibited to illustrate the method of diagnosis suggested by Gowers. Epitome of method:—*a*. Anatomical diagnosis—from symptoms to seat of disease. *b*. Pathological diagnosis—from the character of onset of symptoms to infer the nature of the lesion in association with known causes and types of disease. Adopting this method it was inferred that the patient was suffering from a more or less diffuse lesion from the first and second lumbar segment upwards to the eighth cervical and somewhat above. The pathological diagnosis to be taken up in the next lecture.

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Synopsis of Lectures on the Pulse and Sphygmograph.

By Dr. Dudgeon.

Lecture I.

Ancient notions respecting arteries, held to contain air or vital spirit—Herophilus, Erisistratus. First proved to contain blood by Galen. Varieties of pulse of older authors. Chinese views respecting pulse. First attempts to show pulse. Santorio in 1670—pulsilogium. Rev. Stephen Hales in 1733. First attempts to show pulse graphically, Vierordt in 1860. Marey's sphygmograph. Modifications of Marey's instrument by Burdon-Sanderson in 1867, by Mahomed in 1872. Pond's instrument. Dudgeon's pocket sphygmograph in 1880. What is the pulse? Caused by blood propelled by heart-pump into artery succeeded by partial emptying of artery. Explanation of secondary curves in sphygmogram. Action of muscular coat of artery and closure of aortic valves. Normal pulse. Varieties of curves. Dicrotic pulse. Bigeminous pulse. Intermittent pulse. High tension pulse. Pulse in insufficiency of aortic valves. Quick pulse. Slow pulse.

Lecture II.—May 15th.

How to use sphygmograph. Smoked paper. Sphygmographic tracings in ink; varnish. Demonstrations of pulse in various heart affections.

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General Surgery.

This course was commenced on May 3rd by a lecture on *Carcinoma of the Rectum*, delivered by Mr. Knox Shaw.

The subject of the lecture was a woman, aged 37, then in Durning ward, the growth being on a level with the body of the uterus, probably extending into that organ, and with a mass in Douglas' pouch. The various forms of carcinoma were briefly touched upon. The clinical symptoms were then discussed, insistence being made on the necessity of a careful rectal examination in all obscure or intractable bowel cases. The elements necessary for a correct diagnosis were entered into. Medical treatment was considered, but pronounced to offer no reasonable prospect of cure. Radical removal by excision of the rectum was criticised, the prospects of cure it offered, its dangers and disadvantages, were pointed out, and it was urged that it could only be considered a satisfactory surgical procedure in certain early well selected cases. The reasons and time for a palliative operation by colotomy were finally discussed, inguinal colotomy being considered the operation of choice, to which the patient had been advised to submit. The operation was performed May 18.

Hæmorrhoids.—Lecture, May 10th, 1897.

Two patients being in Durning Ward with hæmorrhoids, this disease was chosen as a subject for Mr. Shaw's second clinical lecture.

The vertical arrangement of the arteries beneath the anal mucous membrane was, among other anatomical points, considered, as being of practical importance in operative treatment.

The various constitutional and local conditions giving rise to piles were next discussed. The actual formation of piles was compared with varicose veins of the leg, first dilatation, then lengthening, and then tortuosity of the veins. This subject was illustrated by a microscopical section of a pile of long standing.

The varieties of piles, both external and internal, were described in their anatomical and clinical aspects; their early and late symptoms detailed; their effect upon general health, and the complications that may arise during their development pourtrayed. In discussing treatment the importance of considering the general condition of the patient was emphasised, as was also the necessity of paying great attention to the detection and removal of any extraneous local cause, such as uterine displacement. The great value of carefully selected homœopathic remedies in the cure of this condition was insisted upon. The chief indications for such remedies as æsculus, nux vomica, sulphur, hamamelis and hazeline, collinsonia, hydrastis and nitric acid, were given. Suggestions for the general treatment of cases of piles were offered, comprising medicinal, local, hygienic and dietetic methods. The indications for operation were finally considered, the various methods open to the surgeon were outlined, but the operation by ligature was fully detailed, together with the after-treatment. One of the patients was operated on the following day.

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GYNÆCOLOGY

was represented by Dr. GEORGE BURFORD and Dr. EDWIN A. NEATBY, who gave lecture-demonstrations on alternate Wednesdays at 3 o'clock.

The first demonstration of this series was given by Dr. NEATBY, who selected for his subject *Some Affections of the External Genital Organs*. The first cases shown were normal pudenda in the married and unmarried woman. Taking these as standards, cases of simple and follicular vulvitis and hypertrophy of nymphæ were shown, and the differences in configuration, colour, etc., were compared with the normal.

An excellent drawing of a case of specific inflammation of vulva and anus was shown in the absence of the patient, who was unable to be present. The history and description of the case were given, and the diagnosis from lupus, carcinoma and kraurosis vulvæ was pointed out. Two examples of an early stage of kraurosis vulvæ were shown. The mottling by vascular areas, the glazed appearance, and the commencing contraction and inelasticity of this peculiar affection were demonstrated. In

comparing the condition with that of the case of specific vulvitis (which was in a young woman), it was noticed that "kraurosis" usually occurs not earlier than the "change of life," unless in cases where an artificial menopause has been induced by operation. The palliative treatment (for relief of the extreme hyperæsthesia) and the radical operative treatment were considered.

Cases of partial and complete rupture (into the anal sphincter) of the perinæum were exhibited.

The second demonstration was given by Dr. BURFORD, on May 12th, on the subject of *Diseases and Injuries of the Cervix Uteri*. In our next issue we hope to present our readers with a summary of this and subsequent lectures.

On May 19th Dr. NEATBY gave the first of two clinical lectures on *Uterine Fibroids*. He dwelt especially on the clinical features of these growths—their frequence, development, and rate of growth at different ages, their relative frequency in married and single women, and the influence of married life on their causation and progress. Pathological considerations were alluded to only to exemplify clinical facts, and, where possible, to associate them. The main signs and symptoms, (pain, tumour, hæmorrhage), &c., were dwelt upon. Four cases were shown to illustrate as far as possible the clinical features which had been emphasised in the lecture. The subject is to be pursued on June 2nd, when "pressure results, diagnosis, prognosis and treatment" will be dealt with, and cases exhibited. Opportunity was given to the audience for the full examination of the patients.

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DISEASES OF CHILDREN.

The subject of the first lecture-demonstration by Dr. Roberson Day was *Rickets*, given on May 5th. A brief paper was read recalling the salient features of the disease—its causes and varieties, such as congenital, infantile, "late rickets," and the "acute rickets," or infantile scurvy. The treatment was especially gone into, and a method of treating the leg deformities without the use of splints, which had been abandoned as often useless. Medicinal and other treatment was dwelt upon in detail. At the conclusion, over a dozen

patients were shown in various stages of the disease, showing the chief features to be looked for, *e.g.*, beaded ribs, enlarged epiphyses, pigeon breast, transverse sulcus, bow legs, genu valgum, pes planus, the results of osteotomy, the square head with open fontanelles, cranio-tabes, delayed and faulty dentition.

The second lecture-demonstration was on *Syphilis*—congenital and acquired. In the paper which preceded the demonstration, emphasis was laid on the necessity for diagnosing syphilis apart from a history, which generally cannot be obtained, and when obtained is liable to mislead. Often the parents are absolutely ignorant of what their children suffer from, and can throw no light on the origin of the disease. The multifarious lesions were alluded to, and special attention was given to cases which had come under treatment. Some very remarkable cases of the disease were shown. An infant who had been brought with pseudo-paralysis (M. Parrot's disease); a child showing the results of "snuffles," the only one of a family of five which had survived. A marked case of pigmentation of the skin following an ecthymatous syphilide over the abdomen was shown. Cases of mucous tubercles were shown, and a lad of 19 who had suffered terribly from the ravages of the disease, the osseous system having suffered most severely through destruction of bony tissue in many parts.

A family of three children were shown, suffering from acquired syphilis; both the girls had been covered with S. psoriasis, and one had lost her hair; the other showed marked periosteal thickenings of most bones of the limbs. The brother had had a hard chancre at the angle of the mouth. The specific treatment, local and general, was described.

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Dermatology.

Dr. Epps began his course of lecture-demonstrations by a few general remarks. He will lecture on the commoner skin diseases, only referring to the rarer ones, as Bazins' disease, when speaking of tertiary syphilis, dermatitis herpetiformis in connection with eczema, &c. He specially emphasised the constitutional cause of most skin disease and its great importance and usefulness in the choice of the appropriate internal remedy. The rest

of the lecture was devoted to acne vulgaris. After defining what is meant by acne, and mentioning its being limited to the sculptor's bust, he demonstrated, by means of diagrams, the structural changes that take place in the four varieties. Then having briefly alluded to Jabourand's latest theory, that the same parasite is common to seborrhea, alopecia areata and acne, he explained in detail the parasitic theory of Unna. Personally, he favoured the constitutional cause of acne, and considered the parasites secondary. After explaining the diagnostic points distinguishing acne from rosacea and syphilitic eruptions, and under prognosis again emphasising the importance of finding the real cause, whether due to malmenstruation, masturbation, constipation, &c., and suggesting that the disease might possibly be due to indiscretions in the lives of the parents, he went on to treatment, and gave the indications for natrum mur., pulsatilla, sulphur, hepar, belladonna, antimonium tart. and crud., phosphoric acid and bromide of potash, arsenic, sabina and sanguinaria. Lastly, he gave the local treatment found useful or suggested by different authorities, as protecting the face, steaming, extraction of comedones, puncturing, cauterising and electrolysing obstinate spots, and "shelling" (removing the epidermis) to improve the appearance of the face when much scarred, and the parasiticides often necessary.

In his second lecture he took *Sycosis*, the variety formerly considered non-parasitic, but now believed to be due to the pus-coccus. After defining the disease and its limits, giving the symptoms, mentioning its occasional connection with lupus in which scarring follows, the ulerythema sycosiforme of Unna, and that it may be caused in three different ways, he explained the pathology of sycosis, referred to the denial of constitutional cause of the disease by Unna and Crocker, and its relationship to lupus as stated by Hutchinson. Under diagnosis he differentiated sycosis from eczema, tinea sycosis, and ulcerating tertiary syphilis. Lastly, under treatment, Dr. Epps again touched on constitutional cause, and stated his conviction that constitutional treatment was necessary, in this differing from Crocker, who considers local treatment all that is necessary. He then mentioned the local treatment, *not* advocating repeated

epilation and shaving, but rather trimming with scissors, and mentioning various germicides often useful. Of internal remedies he mentioned antim. tart., croton, hepar, sulphur, calcarea carb., mercurius and graphites.

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Throat and Ear Diseases.

At Mr. Dudley Wright's first demonstration a case of *Cyst of the Upper Jaw* in connection with one of the bicuspid teeth was shown. The swelling was tapped, and the fluid drawn off was clear and slightly blood-stained. A short account of the development of such cysts was given, showing how they probably originated from the remains of some part of the common enamel germ of the developing tooth. The rules of treatment were pointed out, and special stress was laid upon the fact that it was advisable in all cases to remove the entire cyst wall, as not only was there a probability of the return of the cyst if such were not done, but also for the reason that occasionally epithelial cancer had been known to start in the remains of the cyst wall. A short account of the formation of dentigerous cysts was also given, and the differences between such and the case under notice was pointed out.

The remainder of the time was devoted to the consideration of some anatomical points in connection with the outer and middle ear, with special reference to their bearing upon their special diseases and treatment. Particular attention was given to the mastoid process and its cells, and the "attic" of the tympanum, with their connection with suppurative processes in the middle ear, and some secondary intracranial complications.

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Pathology and Bacteriology.

Mr. Johnstone has held three demonstrations on *Practical Bacteriology and Practical Pathology*. The course is essentially of a practical nature; each student will have the opportunity of performing the more important manipulations, such as the staining and culture of bacteria, the preparation of the various culture media.

In practical pathology each student will stain and mount for his own subsequent use specimens of the more important pathological processes, such as carcinoma, sarcoma, other tumours, etc.

CASES FROM DISPENSARY PRACTICE.

By C. E. Wheeler, M.D., B.Sc., B.S., etc.

1. A. E., a schoolgirl, 12 years old, came to the dispensary on April 9th complaining of a dry hacking cough, worse at night and in early morning. This had been present since December, 1896. On examining her chest, nothing was discovered amiss with the lungs, but the cardiac dulness was found to be increased, and a slight presystolic thrill was felt and a short presystolic bruit heard at the apex. The general health of the patient was reported good. Hyoscyamus was tried first, for a day or two, but without any benefit at all. Lachesis 6, four times a day was then prescribed with complete success, the cough lessened after the first day, and at the end of a week had entirely ceased. The prescription was made, rather from the cardiac condition than from the character of the cough, as I had found benefit result several times from the serpent poisons to hearts with presystolic thrill and bruit. The patient did not present any cardiac symptoms; there was no breathlessness or palpitation, but as it is not uncommon to get a dry cough in cardiac disease, it occurred to me that if I prescribed for the heart I might cure the cough, and so fortunately, it turned out.

2. The following case possessed some interest for me, as the first of the kind that I have treated with an internal remedy only.

A. M., a girl, six years old, was brought to me on April 9th suffering from psoriasis guttata. She had had one attack previously, 12 months before, and had been under treatment for some weeks. This time the disease had only just begun. There was one patch on the left knee the size of a four-shilling piece, two other smaller patches on the same leg, and one just commencing on the right knee. The general health was good.

Though I had never before treated psoriasis without external applications, I did and do regard them rather as confessions of weakness. This being a mild case, I thought I would try for a week at least with internal medication alone. I prescribed arsenicum 6, three drops three times a day, making no alterations in diet or mode of life, and at the end of the week the skin was quite clear. Of course this was quite a slight attack, and it

may be contended that it would have cleared up if untreated. It may be so, but in 1896 the child was affected for several weeks, and the eruption, when I saw it, struck me rather as commencing than as disappearing. Of its nature I have not the slightest doubt. The spots were few, but absolutely characteristic. I gave arsenicum 6, because of my success with that dilution in another case, where the child was covered from head to feet, and had been under treatment for four years without ever getting clear. There I used external applications of ung. chrysarob., as well as giving arsenicum 6, but I am inclined nevertheless to attribute a good deal of effect to the internal remedy, for it is practically certain that the same ointment had been used during the four years of treatment, but the child was not cured thereby. Psoriasis in my experience is difficult to cure. When I was at St. Bartholomew's a large number of cases of this skin disease used to come up for treatment. They all got liquor arsenicalis 2 drops three times a day, in an alkaline mixture. I never saw any case benefited unequivocally by the drug—indeed it was that experience, supplemented by the utter failure of the 3x trit. in my hands on more than one occasion, that led me to try a higher potency. My cases, since I have tried dilutions 6 and upwards, have been as yet too few to warrant a dogmatic statement, but so far I have done much better as far as psoriasis is concerned than when I used the 3x trit. or the liquor arsen.

3. Mrs. C., 32 years old, had been attending the dispensary for a couple of weeks on account of a variety of symptoms due mostly to indigestion, and had improved considerably. Suddenly one day she was seized with shivering, pains in the head, especially in the frontal region and lower jaw, and sore throat, followed in a few hours by a copious discharge of pus from the nose. She complained also of disagreeable taste in the mouth, and foul smell, and of the way the pus collected in her throat during sleep. The pus ran very freely away when the patient held the head forward and down, and from the left nostril only. On examination, the pus was seen to be coming from under the middle turbinate on the left side. I was not able to test the condition of the antrum by trans-illumination, not having the necessary apparatus, but I came to the conclusion that in all probability, the

suppuration was taking place in the left antrum and told her she had better go to the hospital with a view to operation. The patient, however, said she would not go to the hospital, so I decided to treat her for the time, thinking the futility of medical treatment would make her more inclined to try surgical. I prescribed aur. et kal. chlor. 1, five drops three times a day and a lotion containing trichloracetic acid with which to cleanse the nostril. She returned in a week, with all the symptoms relieved, less discharge and less unpleasant smell in the nose. Another week of the same treatment brought about a further slight improvement, but not so much as the first week had done. She then received crotalus 6, five drops three times a day, and a lotion made up of two drachms of silicate of soda 3x to six ounces of water. After a week she returned without any discharge or subjective symptoms whatever. Whether the cure will be permanent remains to be seen, it is undoubted for the present, and as I had no expectation of such a result, I was the more pleased.

Kingston-on-Thames.

CHLOROFORM NARCOSIS.

By T. G. H. Nicholson, M.R.C.S.

In contributing an article to your columns I must apologize for harking back to a theme which has already, I believe, occupied much of your space, but as it is one that is still engaging the attention of physiologists I trust it may not be considered inopportune if I again revert to the subject of chloroform narcosis.

I observe that an article, under the heading "Oxy-Chloroform Anæsthesia," appeared in the *British Medical Journal*, of 13th March last, commencing with the statement that, "the use of oxygen as an antidote to chloroform has been suggested quite from the early days of that anæsthetic." Now, if such was the case, it is not surprising that the best effects of oxygen have not been attained, because, if regarded as an *antidote* it would suggest to some minds that chloroform could not be used in conjunction with it, or, that it was in some way antagonistic or incompatible, indeed, it would seem, from the early experiments of Neudörfer, to whom the

Lancet attributes this method of administration, that they pointed to an inability to produce a manageable compound or mixture of the two agents, and although his experiments and others, so far as they went, foreshadowed important possibilities, yet owing to the *modus operandi* adopted they proved, "ineffective," or abortive, as will be seen on reference to a paper by Kreutzmann, of San Francisco, in the *Centralblatt für Chirurgie* of August 27th, 1887, and referred to but *not quoted* by the *Lancet*, in support of its contention that the method is not mine. From this it will be seen that although the idea in a crude form was *suggested* some twenty years ago, it never as a method assumed a practical shape, therefore could scarcely have been "introduced into practice in Vienna 20 years ago or so" for the reason just named, and possibly also because the physiology of the subject in relation to the respiration and blood pressure was not then so well understood as now; had it been, it is not too much to say that the work of two Commissions, having for their special object the elucidation of the cause of deaths under chloroform, would have been rendered nugatory.

In failing to see that oxygen gas *antidotes chloroform*, I must plead as an excuse that it would have been impossible for me to have kept patients under the influence of both for two hours at a stretch, and at the end have shown a pulse and respiration as good and even better than at the start.

That oxygen gas antidotes the *condition produced* by chloroform, viz., the undue slowing of the circulation and consequent syncope and asphyxia, has been amply demonstrated in my own experience, so frequently indeed as to convince me that it is *par excellence* THE remedy for the dangers of chloroformization, the reasons for which, and they remain to this day unchallenged, I have already pointed out. (See *British Medical Journal*, 31/12/92, 25/7/96, and *Lancet* 16/5/96).

There is something eminently unsatisfactory in being told by one authority that chloroform has no direct action upon the human heart, having been given safely in every form of disease to which this organ is liable, and by others that death in certain cases occurred from cardiac syncope, or some morbid condition or other

which could not be detected during life, although pronounced after careful examination to be in all respects fit subjects.

If now the above statement concerning the action of chloroform upon the heart is correct, and I am not conceited enough to say that it is not, it seems to me that the first cause of our trouble is the *overdose*, the second the *syncope* or undue slowing of the circulation, and, (the two systems being governed by a co-ordinating centre, the vagus), the third, the consequent *asphyxia*. Therefore, are we not in our search for a cause limited to the intake of a poisonous or overdose induced, (*a*) by excessive slowing of the circulatory and respiratory systems, and (*b*) by the accumulation in the system, due to this very slowing, of an active poison which is unable to find exit through the lungs in the form of CO_2, until artificial respiration, which in the majority of cases simply means atmospheric air, often not of the best, by more or less of a fluke, restores the balance, but which, as frequently as not, fails to restore the animation which by the intermittent administration of oxygen throughout the anæsthesial process would never have become suspended.

As a cardiac stimulant I believe oxygen to possess distinct advantages over ether, and that given to a patient in other than an exsanguined condition from any cause, the heart will under the nutritive stimulus continue to do its work, function and nutrition being unimpaired by the return to it of blood surcharged with poison. Failing that, either the patient was not in the first instance a fit subject for operation, or death would be the result of some accidental depletion.

Thus all three contingencies, the narcosis, the syncope, and the asphyxia are anticipated, but it must be understood that I am far from saying that oxygen can be poured in anyhow, or that if it is, it will not hyperstimulate a patient, but this is not unpreventable, and by no means militates against its judicious use, and it is here that I draw the line between an over-stimulating and an *antidotal* effect.

The inhaler which I have devised, and which is but the material expression of a physiological idea, enables the oxygen to be administered *gradatim* at the will of the operator, a little practice only enabling the breathing

to be maintained at the normal as long as may be necessary. Messrs. Arnold & Sons, London, have the apparatus in hand, and will be pleased to answer any inquiries respecting it.

Liverpool.

THE CYCLIST'S POSTURE.

By Gerard Smith, M.R.C.S., L.S.A.

Orthopædic Surgeon to the London Homœopathic Hospital.

At its meeting on May 6th, the British Homœopathic Society joined the fray. This question as to the medical and surgical aspects of cycling, especially for women, and the great posture dispute, rages round us on all sides, and with little effect upon either cyclists or machines.

The medical vote goes, on the whole, in favour of cycling for women not beyond "middle age" (where is that?), but the oft repeated objections rise in every discussion against certain evils connected with saddles and posture, and it is to these objections I wish to refer. I have, for years past, again and again urged the same principles which I now venture to repeat.

An experience of 27 years as a cyclist has produced certain convictions which I have seen no reason to alter up to this day; these are connected with the matters of saddles and of posture.

To speak of posture first, I have ridden three main types of machine, amongst many others which were only variations of those types; the first was an old wooden "Bone Shaker," a front driver and front steerer, with the saddle placed only slightly above the level of the pedals and far back from them, the handles high up, and in advance of the rider by a long distance; the posture on this type was extremely inefficient, and the pressure of the saddle severe, for the handles being useless as sharers of the body weight, the full effect of both weight and vibration was felt by the perinæum.

Some of us, old cyclists, soon found this out, and we adopted seats rather than saddles, placing them still farther back from the pedals in order to really sit on them as on a chair, and thus we got along fairly well, though losing the real value of the handles still more.

Then came the gradual atrophy of the hind wheel, until it merely remained as a degenerated organ, and the hypertrophy of the driving wheel, whilst the rider was placed more and more over the top of the rim of this big wheel, and therefore more entirely astride the saddle. Steel and iron replaced wood, the suspension principle was introduced in the wheels, and india-rubber tyres came in.

Riding would have been impossible had we relied upon the support of the body astride the hard saddles, no perinæum could stand the pressure; and the handle bars being now close to the hips we instinctively grasped them, making them arch over the thighs, and turn backwards alongside the hips, the pedals being almost directly under us. We thus used arms, hands, shoulders as well as thighs, legs, and ankles in propelling the machine; the best riders rode, not on their ischial tuberosities but poised and supported on the handles and pedals in varying proportion.

I do not believe that any modern cyclist, who has ridden only the "safety" cycle, can form an idea of the enormous advantages in driving power given by that posture, and we never now see a rider on the old ordinary. We have lost the posture and method of propulsion with the fine play of the whole muscular system, and the accurate, smooth action of knee, and especially ankle, which that posture gave.

However, the machine was doomed to die out; we could not submit to take on ourselves the functions and responsibilities usually pertaining to projectiles; and these functions were very frequently forced upon us.

Then came an interlude of curious and quaint machines intended to preserve the advantages of the old posture, whilst placing the rider well behind the centre of gravity; they failed, for the old control and efficiency in the posture was lost on them, and the modern "Safety" came, and came to stay; for the mechanical principles of its structure are sound, and have been well tested in engineering for a century. This is a machine which removes the hard toil, the vibration and strain, the danger, and the mental apprehensions which we cheerfully put up with on the "ordinary." Old riders, who had relinquished cycling on account of those objections, immediately renewed their youth. Speaking as one of

those ancient revived mummies, I thankfully acknowledge the blessing of the new machine.

But! when I mounted this machine on my first return to cycling, with the memory of the posture and its power on my old 60-inch wheel ordinary, my feelings were not unmixedly joyful. In those old days, at our race meetings, we sometimes had a race on the programme to be ridden without touching the handles, that is, intentionally discarding about one third (or more) of the total available driving power, and reducing the speed by a far greater proportion. The helpless, half efficient sensation I experienced in those races was mine again to a great extent when first I mounted a "safety"; the thing seemed a spiritualised "bone-shaker," as regards the posture and my power of employing the muscles I had ready for use; the handles, "so near, and yet so far," were apparently only intended to rest my hands on and steer with. I wanted to feel my arms extended at the elbows, and the old grip and poise by hands and pedals; I wanted to feel the thrust of the foot re-enforced by the sturdy pull of the arms, I wanted to have a choice, as of old, between two wholesome postures—to sit up like a man; or to lean forward from the hips, without stooping or cramping the shoulders and chest, when some specially hard bit of riding was to be done. The repetition of my experiments may be seen every day in our streets; many cyclists, those who want to move fast, feeling that the straight arm and its gifts are essential, place the poor little narrow handle bar very low down, and, on account of its stumpy form, it is very far a-head, and thus they can by stooping and rounding the spine and dragging the shoulders forward on the chest, attain partially the effect of the old posture, but not the posture itself, nor the choice of change it gave, whilst the tendency to pull themselves off the saddle restrains them from using fully even what they can obtain.

Others, with the laudable intention of sitting upright, throw away the hope of the arm power, raise the handles up; but still the narrow, stumpy bar is far in advance of the body, and the high position flexes the elbows hopelessly, and when some bit of hill work comes, how utterly weak and inefficient is their position!

These people sometimes instinctively leave their grasp of the handles and take hold of the bar in front, at its

centre, but they can't pull, or they would slide forwards out of the saddle.

The work on the safety is done, as on the bone shaker, entirely by the lower half of the body.

And there is that saddle! Certainly, by having it broad at the back, and sitting on its "wings," the perinæum can be spared; but the forward handles cause the rider to slide off on to the saddle peak at frequent intervals, and he has to hitch back in a fidgety way every now and then.

I will now state, as briefly as I can, the relative position of saddle, handles, and pedals, which gives me to my complete satisfaction, the happy medium between the posture of the bone shaker and that of the ordinary, and which is the best in every way attainable on the safety (for the non-racer, heaven forbid that I should dare to address the modern scorcher!)

First, discard all SADDLES, or reduce the peak and widen the wings until the thing becomes a SEAT; or ride one of the several excellent seats in the market. I prefer, after having learned its ways, the Burgess seat, but the Henson, and that of Mr. Le Sueur of Jersey, are also excellent. Discard the forward, narrow, short, low handle bar; discard the same bar placed high up; and adopt a wide, low, backward (therefore long) handle bar; place the seat so that it is a seat; rather far back and low down; mine is over a line passing through a point half way between the hub and front rim of the hind wheel; place the seat also at a level which enables the feet (the ball of the foot) to reach the pedal at its furthest point, without quite extending the foot at the ankle; sitting upright on the seat thus fixed, with one thigh raised to the highest point of the tread, let the hands drop easily, slightly in advance of the body, to the line where the lower third of the femur joins the middle third, and let the hands move out laterally until they will clear the thighs when carried to the position which the handles will occupy when steering round a sharp turn; the elbows must be almost straight. This will give the position of the handles, and the level, width, and length of the bar, which will be much wider and longer than any I have seen provided on the safety of commerce; practically, the handles are to be level with, but in advance of

the seat, and about six inches laterally from the thigh at the highest point of its journey.

I claim that the posture thus gained gives the most healthy, most generally efficient, and the most comfortable means of cycling with the modern safety; but I do not say that it can be employed with a peaked saddle; the seat is essential, and the seat without the relative positions of the other parts, is also impracticable and ridiculous.

Many cyclists have honoured me with much written adverse criticism on this matter but few with attempting to actually trying the arrangement practically; of these few, some have tried for one ride, and pronounced the thing a fraud; others have had energy to really learn it, and of these none have returned to the orthodox posture. The only alteration needed in the machine as supplied by all makers, is that of having the handle bar wider and longer, the fixture arrangement is low enough in all modern machines; the seats are now obtainable from all makers and agents.

In my earlier arguments on this matter, in the cycling papers and elsewhere, I confess that I advocated too great an exaggeration of the posture; from that I now withdraw, and my present communication gives a considerable modification of my first experiments retaining the same principles.

London, W.

REVIEWS.

A Practical Handbook in the Diagnosis and Treatment of Diseases of the Genito-Urinary System and Syphilis. Being the revised and enlarged notes, with additions by Parker Holden, M.D., of Clinical Lectures of Dr. F. E. Doughty, Professor of Genito-Urinary Diseases in the New York Homœopathic Medical College.

The writer of this volume may certainly be congratulated on having brought out a book which is likely to be of the greatest service to a large class of practitioners, and the New York Homœopathic Hospital is also fortunate in possessing a teacher who can give clear and concise clinical lectures which will bear reporting in much the same language and form in which they were delivered.

The book combines the advantages of being well written, well printed, and of convenient size, and should certainly take a place in the front rank of publications on genito-urinary diseases.

The volume is divided into parts, treating of the various diseases of the bladder, testicle and its coverings, prostate, urethra and penis, with special sections on hæmaturia and hæmoglobinuria, chancroid bubo and syphilis, and sexual neurosis. All the parts are well written, and treatment and diagnosis alike are fully up-to-date.

There is a full-page plate at the commencement which contains figures illustrating the anatomy of the genito-urinary organs and certain operations upon these parts.

Following close upon this are seventeen pages of illustrations of the various instruments required for the diagnosis and treatment of genito-urinary diseases. Each instrument is numbered, and is referred to by its name and number in the letter-press. This plan we think is a good one, as it renders unnecessary the burdening of the other pages with figures which often take up considerable space. Apart from these plates, there are very few illustrations in the book; the two most noticeable of which are a case of elephantiasis of the scrotum, and a most interesting one of hermaphroditism.

Although a figure of a somewhat obsolete form of urethroscope is given, we fail to find any mention of its use made in the text. We think that this is the only point which is likely to detract from the value of the work as a complete treatise, as there is no doubt that by practice this instrument can be made to give us more information on the condition of the urethral canal than any other method of diagnosis. However, the chapter on urethral diseases is one of the best in spite of this, and many valuable hints on diagnosis and treatment are given which are not to be found in works of far larger dimensions. In fact throughout the book is written mainly from a clinical standpoint, and in our estimation does great credit to the school from which it emanates.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The eighth meeting of the Session was held on Thursday, May 6th, at the London Homœopathic Hospital, Dr. Madden, President, in the chair.

A resolution, moved by Dr. Wilkinson, was adopted, "That the committee of the Materia Medica section is hereby empowered to ask members of the Society to volunteer as

provers of drugs used in the treatment of diabetes, to organise and superintend such provings, and to collect results into a report to be presented to the Society during the next Session."

The following specimens were shown :—

1. Photographs of a case of spastic paralysis (Dr. Wynne Thomas).

2. Specimen of congenital cervical fistula (Mr. Knox Shaw).

3. Calculus removed by lateral lithotomy, patient having been prievously submitted to both lithotrity and median lithotomy (Mr. Know Shaw).

Dr. Edgar A. Hall and Dr. George Burford conjointly presented a paper on *Two Cases of an Uncommon Form of Bicycle Accident in Women, with some Remarks on Bicycling in General for Ladies.* The authors considered bicycling legitimate for those to whom any similar kind of exercise is desirable and its hygienic utility undoubted, but clothing must be in keeping with the view of bicycling as an exercise. They held bicycling to be, perhaps, the most widely distributed prophylactic against uric-acidæmia; further, it is important in the prophylaxis and cure of certain feminine pelvic disorders. It aided the tendency to pain in dysmenorrhœa, but their experience pointed to its influence over constipation being *nil*. Cycling was considered to be ill-advised during pregnancy and menstruation.

The first case mentioned was that of a lady, who, as the result of a fall, had a severe laceration of the labia. The second case was a very similar one, occurring in a young lady of 16.

A discussion followed, taken part in by Dr. Edward Blake, Mr. Gerard Smith, Dr. Dudgeon, Dr. E. Roche, Dr. Carfrae, Dr. Shackleton, Dr. Edwin Neatby, Dr. Jagielski, Dr. Bodman, Dr. Wynne Thomas, Dr. Moir and Dr. Wilkinson.

Mr. Gerard Smith read a paper entitled, *Early Diagnosis of Spinal Caries.* Mr. Gerard Smith considered spinal caries to be a tuberculous disease consisting of a primary ostitis, seated in cancellous bone, going on to softening and disintegration usually with abscess.

Pain is seldom absent; the cautious stiff movement of the patient, with his habitual facial expression of anxiety, is characteristic. It is active in sitting down, and the way he climbs up his own legs when getting off the floor is diagnostic. The author considered a peculiar grunting respiratory movement of special value. Pain due to spinal disease may be referred to a distance. Rigidity and board-like hardness of the erector muscles he considered of diagnostic value. The normal reflexes are usually exaggerated. Mr. Smith thought that in

the early stages, when the child was moving about, the temperature was raised. Abscess is often of early occurrence.

In differential diagnosis, he considers hip joint disease, neurotic spine and spinal neuroses in general, rachitic spine and pseudo-hypertrophic paralysis should be considered. Dr. Madden, Dr. Goldsbrough, Dr. Blake, Dr. Moir, and Mr. Knox Shaw took part in the discussion following the reading of the paper.

ANNUAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

The 47th Annual General Meeting of the subscribers, donors and governors of the Hospital was held on Friday, April 26th, when the Viscount Emlyn presided.

The adoption of the annual report was moved by the Chairman whose speech was congratulatory. He showed that the number of both in and out patients had increased beyond expectation and that the funds had increased more than proportionately during the past year though the deficit is £4,225, (which has been partly met by drawing upon the reserve fund). A banquet was to be held with the hope of raising the total of the "Victoria Commemoration List" to £10,000, which would clear the building debt and the deficit to June 1897.

Captain Cundy seconded the adoption of the report. He said that though the hospital had been a loser by the absence of Mr. Stilwell and Mr. Trapman, he had gained in the insight he had had into the working of the hospital. He was an enthusiast in the work, and delighted to see the devotion of the medical and nursing staff, which produced a feeling of home life in the hospital. There was still rivalry between allopaths and homœopaths, and recently nurses trained at this hospital were not accepted for duty under the Government in Bombay because they had been trained in the Homœopathic Hospital. Changes in the nursing department had been made by which the management hoped to make a small profit instead of working at a loss. They were looking forward to the time when there should be a school attached to the hospital.

Dr. Dyce Brown then proposed a vote of thanks to the board of management, the house committee, the treasurer, the vice-president, the medical staff and the lady visitors. The board of management and house committee were both essential to the hospital, and the members devoted much time, attention and wisdom to the conduct of the institution.

The kind of work carried on by the staff was best tested by the number of patients, which was steadily increasing.

Miss J. Durning Smith, in seconding the resolution, remarked on the great advantage the hospital received in possessing as its treasurer Viscount Emlyn.

The resolution was carried, and Mr. Chambre responded for the Board. He said that though he did not often attend the meetings now he took a keen interest in all that was done, and occasionally offered his advice on important questions. Those who now attended the hospital were doing the work that he might claim to have done with others who have passed away.

Dr. Burford expressed the appreciation by the staff of the resolution—the staff he reminded his hearer, was the pivot on which the reputation of the hospital turns. The medical staff were looking to and working for a medical school.

The Rev. Dacre Craven responded for the ladies.

In proposing the re-election of the medical staff, Sir Henry Tyler expressed his gratification with the work done in the hospital, and suggested that it was desirable that there should be progressive improvement in homœopathy from the medical side and that by its growth the necessity for surgery might be lessened.

NOTABILIA.

POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

On another page we give a summary of the earlier clinical demonstrations given by the staff of the Hospital. It is doubtless impossible that busy practitioners should attend the whole of the lectures. To facilitate the choice they may desire to make, we repeat the list published in our April number, and print it also in two other forms. By this means our readers can see at a glance not only what subjects are lectured upon, but when lecturers are engaged, and what is going on on any particular day.

MEDICINE—

Blood, Pathology and Therapeutics of ...	Dr. Blackley.	Alternate Fridays	3.0 p.m.
Cardiac Diseases ...	Dr. Moir.	Mondays,	3.0 p.m.
Skin Diseases ...	Dr. Epps.	Thursdays,	3.0 p.m.
Nervous System, Diseases of... ...	Dr. Goldsbrough	Tuesdays,	4.30 p.m.
Children, Diseases of	Dr. Day.	Wednesdays,	4.30 p.m.
Pulse and Use of Sphygmograph ...	Dr. Dudgeon.	Saturdays,	10.0 a.m.

SURGERY.—			
General	C. Knox Shaw, Esq.	Mondays,	4.30 p.m.
„	Dudley Wright, Esq.	Fridays,	4.30 p.m.
Orthopædics	Gerard Smith, Esq.	Saturdays,	10.0 a.m.
Ophthalmic Practice	C. Knox Shaw, Esq.	Mondays,	4.30 p.m.
Aural Disease ...	Dudley Wright, Esq.	Fridays,	4.30 p.m.
GYNÆCOLOGY.—	Dr. Burford.	Alternate Wednsdys.	3.0 p.m.
	Dr. Neatby	„	3.0 p.m.
PATHOLOGY AND BACTERIOLOGY.—	J. Johnstone, Esq.	Thursdays,	4.30 p.m.
ANÆSTHETICS.—	Dr. Day.	Wednesdays,	4.30 p.m.
CONSULTATIONS.—	The Medical Staff	Alternate Fridays	3.0 p.m.
OPERATIONS.—	The Surgical Staff	Tuesdays,	2.30 p.m.

MONDAY.—	Dr. Moir.	Cardiac Disease. May, June and July.	3 o'clock.
	Knox Shaw, Esq.	General Surgery. May and June.	4.30 „
		Ophthalmic Practice. July.	4.30 „
TUESDAY.—	The Surgeons.	Operations. May, June and July.	2.30 „
	Dr. Goldsbrough.	Diseases of Nervous System. May, June and July.	4.30 „
WEDNESDAY.—	Dr. Burford.	Practical Gynæcology May, June and July, alternate Wednesdays.	3.0 „
	Dr Neatby	Practical Gynæcology. May, June and July, alternate Wednesdays.	3.0 „
	Dr. Day.	Diseases of Children. May and June.	4.30 „
	„ „	Anæsthetics. July.	4.30 „
THURSDAY.—	Dr. Epps.	Diseases of Skin. May, June and July.	3.0 „
	J. Johnstone, Esq.	Pathology & Bacteriology May, June and July.	4.30 „
FRIDAY.—	Dr. Blackley.	Pathology, etc., of the Blood. May, June and July, alternate Fridays.	3.0 „
	D. Wright, Esq.	General Surgery. June and July.	4.30 „
	„ „	Aural Disease. May.	4.30 „
	Physicians	Consultations. May, June and July, alternate Fridays.	3.0 „
SATURDAY.—	Dr. Dudgeon.	The Pulse and Sphygmograph. May.	10.0 a.m.
	G. Smith, Esq.	Practical Orthopædics. June and July.	10.0 „

Dr. GALLEY BLACKLEY—		
Pathology and Therapeutics of the Blood.	Alternate Fridays,	3.0 p.m.
Dr. GEORGE BURFORD—		
Practical Gynæcology	Alternate Wednsdys.	3.0 p.m.
Dr. ROBERSON DAY—		
Diseases of Children and Anæsthetics ...	Wednesdays,	4 30 p.m.
Dr. DUDGEON—		
Pulse and Use of Sphygmograph... ...	Saturdays,	10.0 a.m;
Dr. WASHINGTON EPPS—		
Diseases of the Skin	Thursdays,	3.0 p.m.
Dr. G. F. GOLDSBROUGH—		
Diseases of the Nervous System	Tuesdays,	4.30 p.m.
JAMES JOHNSTONE, Esq.—		
Pathology and Bacteriology	Thursdays,	4.30 p.m.
Dr. BYRES MOIR—		
Cardiac Disease	Mondays,	3.0 p.m
Dr. EDWIN A. NEATBY—		
Practical Gynæcology	Alternate Wednsdys.	3.0 p.m.
C. KNOX SHAW, Esq.—		
General Surgery and Ophthalmic Practice	Mondays.	4.30 p.m
GERARD SMITH, Esq.—		
Practical Orthopædics	Saturdays,	10.0 a.m.
DUDLEY WRIGHT, Esq.—		
General Surgery and Aural Disease ...	Fridays,	4.30 p.m.

VICTORIAN COMMEMORATION BANQUET.

ON May 26th a dinner was given in the Victoria Hall, Hotel Cecil, on behalf of the London Homœopathic Hospital. It was thought that special steps should be taken to commemorate the long and prosperous reign of our Queen, and the great advance made by homœopathy since her accession, when there was only one homœopathic physician in the United Kingdom. The Board of Management hoped to raise a sum of £10,000, £5,000 to clear the building from debt, and £5,000 to clear off the deficits to June, 1897. In aid of this object the banquet was held with Lord Emlyn in the chair. In our next issue we hope to give fuller details; in the meantime our readers will be glad to know that a pleasant evening was spent, and that the chairman was able to announce sums amounting to £7,122 in liquidation of the existing debt or for endowment purposes.

HOMŒOPATHIC HOSPITAL, MELBOURNE.

FROM the Annual Report by the Inspector of Public Charities for the year ending June, 1896, the following results are gathered. The average cost of the maintenance of an

in-patient in the Melbourne and Alfred Hospitals is £2 19s. 8d. and £2 14s. 8d. respectively, in the Homœopathic £2 0s. 8d. The percentage of deaths among in-patients in the Melbourne Hospital (which, however, is almost a State institution and receives accidents from the whole metropolitan and suburban area) is 15·9, in the Alfred 10·4, and in the Homœopathic 8·1. The Government grant to the Homœopathic Hospital is only £15 7s. 7d. per in-patient, though the mean grant to all hospitals is £30 8s. 7d. In view of these facts the Board of Management appeal for further support.

HOMŒOPATHIC MEDICAL SCHOOL, CALCUTTA.

The report for 1896-7 shows that this school is still doing useful work. There is a three years' course of study, and after the students have passed the final examination and have practised for four months they may be admitted as "Licentiates in Homœopathic Medicine and Surgery." The list of licentiates for 1896 contains thirty-one names, and new students have entered the College from the Punjaub, Scinde, Assam and other parts of the country. We are pleased to note that there is an increase of undergraduates of the Calcutta University and other trained students.

THE DISASTROUS FIRE IN PARIS.

We regret to notice that among the numerous victims of the recent fire at a charitable bazaar in Paris, one of the most lamentable occurrences of recent times, is the eldest daughter of our friend and colleague Dr. Léon Simon, who was present at and contributed an important memoir to the International Homœopathic Medical Congress last year. We desire to express to Dr. Simon our most sincere sympathy with him in this terrible affliction; and at the same time to assure him that he is warmly sympathised with by all his friends in England.

In mentioning Dr. Simon's great loss in the *British Medical Journal* of the 15th ult., the editor erroneously describes Dr. Simon as the son of the late M. Jules Simon, the distinguished writer. Dr. Simon is the son of the late Dr. Alexander Léon Simon, and grandson of Dr. Léon Simon, one of Hahnemann's earliest disciples in Paris.

THE WAY TO RECEIVE A COMPLIMENT.

"At the first meeting of the session the Society proceeded to elect the following gentlemen corresponding members, in

commemoration of the Fifth International Homœopathic Congress, held in London in August last:—

Dr. McClelland, Pittsburgh, U.S.A.; Dr. Bushrod James, Philadelphia, U.S.A.; Dr. Walter Wesselhœft, Cambridge, U.S.A.; Dr. A. B. Norton, New York, U.S.A.; Dr. Van Lennep, Philadelphia, U.S.A.; Dr. J. C. Wood, Cleveland, U.S.A.; Dr. Brasol, St. Petersburg, Russia; Dr. Von Dittmann, St. Petersburg, Russia; Dr. Villers, Dresden, Germany; Dr. Cartier, Paris, France; Dr. Gailliard, Brussels, Belgium; Dr. Hansen, Copenhagen, Denmark; Dr. Bonino, Turin, Italy; Dr. Bojanus, Samara, Russia."—*Journ. of Brit. Hom. Society*, Jan.

"We are pleased to report that our esteemed friend, brother-editor, and officer of the American Institute of Homœopathy, Dr. E. H. Porter, of New York, has been made an honorary member of the French Homœopathic Medical Society. . . . This appointment is in such striking contrast with the appointments made during the closing months of the year last past by a sister society, that the temptation to point out the difference has been many times strong upon us. . . . We feel confident that the French Homœopathic Medical Society having taken this praiseworthy initiative, will do many other acts at its forthcoming Homœopathic Congress to bind it yet closer and more lovingly to the great American heart. And, *per contra*, among the things it will NOT do, will be the appointment of absentee foreigners to honorable distinction, distinctively and offensively ignoring those of the profession of an equal celebrity who had travelled weary stretches o'er land and sea, though some of these latter had presented and defended valuable papers at the Congress. Nor will the French brethren inveigh by indirection, if not in purposed slight, against such present and paper-presenting and defending but honourable members—among whom there may be angels unawares—*i.e.*, editors, ex-editors, teachers, bookmakers, physicians versed in languages other than the mother tongue, well traveled, educated and gentlemanly, and such inveighment presumably because (unlike other of their attending and subsequently honoured compatriots), in the hurry of packing that steamer trunk, they had failed to include with the claw-hammer suit and enamelled boots the gift of perennial eloquence, and had, also (by a strange and unhappy thoughtlessness), failed to put in that garret-hung stocking filled with aurumatic counterparts of the foreign-gold, in order to have a *q.s.* to pay £2 sterling per day and upward for hotel and incidental accommodations and entertainment."—*American Homœopathist*, April 1.

NEW TREATMENT OF BURNS.

Dr. Poggi (*Med. Week.*) has found that the addition of a few teaspoonfuls of potassium nitrate to a bath, in which the burnt part is encased or plunged, will quickly cause the cessation of pain. The water becomes heated after a while, and the pain reappears, but quickly subsides upon the addition of another quantity of the salt. When continued for several hours, it is said this treatment will prevent the production of phlyctenæ.

Dr. Vergely, of Bordeaux, obtained a similar result by covering the burnt tissues with a paste prepared by mixing calcined magnesia with a certain quantity of water and allowing it to dry upon the skin, and renewing it as soon as detached. The wounds are stated to heal without leaving trace, and pain is prevented.—*New York Medical Times.*

RENNET IN GANGRENE.

During the winter following the great fire in Chicago (says Dr. Gilman in the *Clinique*), I attended a blacksmith whose feet had been frozen. Two or three surgeons had told him that as gangrene was beginning, amputation was the only means of saving his life. When I first saw him the toes and a portion of the heels were gangrenous and apparently dead. The feet were lighter or deeper shades of purple to the ankles, and rapidly following the same course as the toes. The patient expressed the determination not to submit to amputation, stating he preferred death to mutilation. I had heard that calves' rennet possessed a wonderful control in gangrenous conditions, and here, I thought, being relieved of all responsibility in the matter, was an excellent opportunity to test its efficacy. Accordingly fresh rennet was secured and applied daily to the diseased parts. The result was astonishing; the purple tissues rapidly resumed their normal colour, the black tissue becoming purple. Circulation was restored, and within two or three days the portions that had apparently been beyond all possibility of help presented healthy granulating surfaces. The case recovered with the loss of the distal phalanx of the great toe of one foot only. Since that time I have used pepsin in one form or another for all conditions where there is an incipient gangrenous degeneration, with thoroughly satisfactory results.—*New York Medical Times.*

THE HYPNOTIC EFFECT OF PELLOTINE.

Professor F. Jolly reports his clinical tests with pellotine muriate (the new hypnotic introduced by Dr. Heffter, of the Pharmacological Institute of Leipzig, and manufactured by

C. F. Boehringer & Soehne, of Mannheim), in the *Therapeutische Monatshefte*, June, 1896. He employed pellotine muriate, preferring this salt on account of its ready solubility in water; his experience covers forty cases at the *Charite Hospital* of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of ½ grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after ¾ to 9-10 grain doses—causing several hours' sleep within ½ to 1 hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anæsthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients, the above mentioned doses were insufficient; even two grain (0.12) doses did not produce sleep, but had a calming effect lasting all day on the patient. In twenty cases the drug was administered at night as hypnotic, and three-fourths to 1 1-5 grain (0.05—0.08) doses were found to equal in effect 15 grains of trional or 22 to 30 grains of chloral. Of side effects, excepting the inconsiderable slowing of pulse rate, a few persons exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning; in several cases the hypnotic effect was not produced, but in these other hypnotics had also proved ineffectual.—*Pacific Coast Journal*, Jan., 1897.

THREE CASES OF FUNCTIONAL APHONIA.

Case I.—In January, 1876, a young lady, aged 19 years, on the morning after attending her first public ball was found totally unable to articulate a single word; in all other respects she was quite well. She remained in this condition for fifteen days, when, having occasion to pick up something on the floor, her nose burst out bleeding, and immediately afterwards she recovered her speech.

Case II.—A woman, about 30 years of age, whilst returning from her work (factory operative), was very much frightened by witnessing a collision between two carriages. On arriving home she was totally unable to articulate, and remained in this condition five days, when, a friend coming suddenly into her house, she immediately recovered her speech.

Case III.—A girl, aged 11 years, whilst playing in the street on January 2nd, felt a sudden pain on the top of her head, and was taken home, when she was found to be totally unable to articulate a single word; in all other respects she appeared

well. She remained in this condition for four days. On the morning of this day her nose bled freely. I happened to call soon after, and she answered my questions easily.

No special line of treatment was enforced in any case. Case I was certainly of an excitable nature, but not hysterical; Case II was of a highly hysterical temperament; Case III was a bright, intelligent child, inclined to be nervous.

I would suggest that in Cases I and III there must have been slight hæmorrhage, which caused pressure on a nerve centre, which was relieved by the free hæmorrhage from the nose. In Case II no bleeding from the nose occurred, yet the recovery was just as sudden. The relations and friends of these patients naturally became greatly alarmed, but recovery is really simply a question of time. (Edward Stephens, L.R.C.P., M.R.C.S.)—*British Medical Journal*, March, 1897.

ON THE EXCRETION OF ALBUMEN IN THE APPARENTLY HEALTHY.

This phenomenon has now been known for a long time, and has been the subject of investigation by a large number of recent observers. These are referred to in the Sydenham Society's translation of Senator's *Monographs*, and in Fagge and Pye-Smith's *Medicine*, vol. ii.

During the winter 1895-96 I made 294 observations on 142 soldiers in Ireland. The men whose urine I tested were all healthy, as evidenced by their medical history sheets, which were in my possession, and I examined every man to see that he was free from gonorrhœa. Out of the large variety of tests proposed for albumen I chose (*a*) the heat test, (*b*) Heller's nitric acid test, because they are the tests most commonly employed clinically, and they are on the whole the most reliable. I am aware that quantitatively my results are of little value, because I did not know the total quantity of urine passed by each man. The men were marching 16 to 20 miles daily, and carrying their full packs and rifles, and I tested their urine before and after the march. I found that of the 142 men 14 presented albumen in their urine. In 9 of these 14 cases albumen was not found on testing for it before and after a subsequent day's march. The invariable effect of the march was either to abolish the albumen found before the march or to lessen its amount. (J. R. Forrest, Surgeon-Captain, A.M.S.)—*British Medical Journal*, March, 1897.

SWEATING TYPHOID FEVER.

Jaccoud (*Sem. Méd.*, February 10th, 1897), calls attention to a form of enteric fever known as "fièvre typhoïde sudorale Italienne," or, shortly, "typhoïde sudorale." Two forms are

described: (1) The typical form met with chiefly in Southern Italy, especially Naples. The onset is sudden, with violent retro-orbital and occipital headache, and rigors. Rigors are followed by a hot stage, and then by sweating, these stages being repeated daily, as in quotidian ague. The temperature may rise to 104° or 106° F. This initial intermittent stage lasts, as a rule, eight days. (2) The mixed form, seen chiefly in France. The initial stage is variable. Headache usually precedes the onset of fever, which is of a subcontinued and not an intermittent type. Sweating is not present at first, but when established is just as profuse as in the typical form. The tongue remains clean during the whole illness. In both forms the initial stage is followed by three weeks of remittent fever, accompanied by daily attacks of sweating, which correspond to slight elevations of temperature, and are generally preceded by shivering. In the third period, lasting a week, the daily paroxysms become less and less marked and the temperature falls. Thus the total length of the fever in both forms is five weeks. The patient has not the enteric facies; on the contrary, the expression is animated, recalling that of measles, especially as the eyes are red and watery. There is no diarrhœa. The bronchi and lungs are not affected. There are no cerebral symptoms, and the patient does not fall into a "typhoid" state. Rose spots as in ordinary enterica may be absent. The sweating, however, is extremely profuse, and may continue for some days after the fever has ended. There are practically no complications or sequelæ. Albuminuria is very rare, and perforation unknown. Hæmorrhage if present is always slight, causing no fall of temperature. No case has ever ended fatally. The diagnosis is usually easy. The complete uselessness of quinine distinguishes it from malarial and typhomalarial fevers. In influenza the initial pain is not limited to the head and neck. The absence of eruption on the head and neck distinguishes it from measles. The treatment consists of rest in bed and a strict milk diet. Quinine should be given only at first and for diagnostic purposes. Antipyrin and salicylate of sodium have no effect, and should not be given. Every kind of antisudorific has been tried and has failed. — *British Medical Journal*, March, 1897.

OVARIAN OPOTHERAPY.

C. Jacobs, of Brussels (*La Policlinique*, December 1st, 1896), reports the results which he has obtained from the use of ovary juice in various diseases of women. The cases in which he has used this substance are grouped by him as follows: (1) A series of patients in whom partial or complete

removal of the genital organs had been performed by the abdominal or vaginal route, and in whom various disturbances [of the kind associated with the menopause or dysmenorrhœa had developed. (2) Patients who had reached the age of the natural "change of life," and who presented troublesome symptomatic phenomena. (3) Anæmic young girls. (4) Women suffering from amenorrhœa due to incomplete development of the genital organs, or from dysmenorrhœa due to an arrest in the development of the internal genitals. Ovarian gland substance was given (1) in the natural state—in this form it is taken with difficulty; (2) in powder, after desiccation of the organ—in this form many patients cannot digest it; (3) in glycerinised or liquid extract, in form of "oöphorine wine," the basis of which is extract of cow's ovary. This is generally well borne in a daily dose of 20 grammes, corresponding to 20 centigrammes of the extract. Details are given of 51 cases, 34 of which were under the author's own observation, 15 under that of Dr. Raulier, and 1 under that of Dr. Balteaux, of Wavre. From the results Jacobs formulates the following conclusions: (1) The troublesome symptoms of the natural menopause disappeared or were greatly diminished by the use of extract of ovary without any other medication. (2) Similar effects were produced by the administration of that substance in the relief of symptoms—for instance, irritability of the bladder—that follow surgical operations which have for their result the suppression of the menstrual flow. (3) Rapid improvement is constantly seen in chlorosis and dysmenorrhœa. (4) The influence of extract of ovary on the physical disturbances which accompany or are dependent on genital lesions are undeniable. (5) Rapid and permanent improvement in the general state. (6) Climacteric metrorrhagia without neoplasic lesions yield rapidly to the administration of the remedy. (7) Its therapeutic action on the nervous system is manifest from the first day of its administration. Jacobs states that he will shortly publish the results of laboratory researches as to the chemical constitution of the substance which he prescribes.—*Brit. Med. Journ.*, March, 1897.

TREATMENT OF FRACTURE OF THE CLAVICLE BY MASSAGE.

Dragon (Reprint from the *Jour. de Méd. et de Chir. Prat.*) publishes the results of massage applied to 20 cases of fracture of the clavicle, under the care of Lucas-Championnière. The ordinary treatment of this lesion by bandages and slings is held to be very unsatisfactory, as it is very difficult by such appliances to keep the fragments at rest and

in good position, whilst the functions of the shoulder and elbow are liable to become impaired for some time in consequence of prolonged immobility. The author practices a daily massage not only at the seat of fracture, but also of the adjacent joints and muscles, and insists particularly on massage of the deltoid muscles, and careful movements, both active and passive, of the shoulder. In the intervals the upper limb is supported by a sling. Consolidation of a fractured clavicle is usually effected between the 18th and 25th days from the date of injury, and at the end of this period the patient, when treated in the manner described by the author, is able to use the limb freely, as the main object of such treatment is to prevent articular rigidity, and to preserve the full muscular functions.—*Brit. Med. Jour.*, March, 1897.

VEILS AND VISION.

It may at first sight appear to be an amiable inconsistency in the New Woman that while professing an uncompromising contempt for that foolish-compounded clay, man, yet in the very part of her being in which the "eternal feminine" might be expected to assert itself most vigorously—to wit, dress—she pays him that sincerest flattery which consists in imitation. But, apart from the obvious explanation, *Fas et ab hoste doceri*, she may not unreasonably plead that as sanitarians have condemned most of the garments which are still looked upon as distinctively feminine, there is nothing left for her but to clothe herself in masculine raiment, or such portions of it as have not yet been placed on the *Index Expurgatorius* of hygiene. Stays, petticoats, trailing skirts, garters, high-heeled shoes have all come under the ban; now veils have found a Savonarola in an American specialist, Dr. Casey A. Wood.* Dr. Wood says that it is within the experience of every ophthalmologist that the wearing of veils is productive of weak eyesight, headaches, and sometimes vertigo and nausea. Not only are these effects produced by the eye strain consequent upon the increased efforts made by one or both eyes to see through or around an obstruction, but the irregular figuring on the veil itself is in some instances an annoyance to the wearer. Dr. Wood had a dozen typical specimens of veils selected for him, and made a number of experiments with them to determine the extent to which veils of various kinds affected the eyesight. He sums up his results as follows: 1. Every description of veil affects more or less the ability to see distinctly, both at a distance and near at

* *Boston Medical and Surgical Journal*, December 3rd, 1896.

hand. 2. The most objectionable kind is the dotted veil, although the influence for evil of this variety is more marked in some samples than in others. 3. Other things being equal, in undotted and non-figured veils, vision is interfered with in direct proportion to the number of meshes to the square inch. 4. The texture of the veil plays an important part in the amount and kind of eye strain produced by the veil. When the sides of the mesh are single compact threads the eye is embarrassed very much less in its effort to distinguish objects than when double threads are employed. 5. The least objectionable veil is that without dots, sprays, or other figures, but with large regular meshes made with single compact threads. Weak eyes naturally suffer most from the injurious influence of veils, for a healthy eye in a healthy body resists the strain of an impediment to vision just as it withstands other harmful influences. If a veil is for any reason necessary to a woman's comfort, she should choose one of a kind likely to do the least harm, and in any case she should never attempt to read through it. The abandonment of veils would probably not be objected to by the most bigoted opponent of the emancipation of women. If the veil is to be discarded, we would humbly suggest that ladies should at the same time renounce the hats "volumed and vast and rolling far," which interfere with the vision of unfortunate male creatures who sit behind them at theatres, or at least that they should submit to some pruning of the redundancies of ornamentation in these works of art.—*British Medical Journal.*

HYSTERICAL HÆMOPTYSIS.

STRÜMPELL (*Monatsschr. für Unfallheilkunde*, I, 1897) records a case of hysterical hæmoptysis after fracture of two ribs in a man. Three days after the accident the patient spat up some blood, and for the next three months did not leave his bed. He complained of frequent pain in the injured side, with cough and bloody expectoration. His expression was that of a melancholy hypochondriac. The cough was slight but almost continual, and had an artificial sound as if produced by an effort for the occasion. The surface of the soft palate was stippled with tiny hæmorrhagic spots; the larynx was normal. About 15 to 30 c.cm. of blood-stained expectoration accumulated daily in the spittoon; it consisted chiefly of mucus containing a few white and red blood corpuscles, which gave it a pale reddish colour, much paler than that of "rusty" sputum; there was only a trace of pus, and no tubercle bacillus. The lungs and other organs were

normal. There was much complaint of headache and drowsiness, and other neurasthenic troubles. Treatment directed especially to the psychical condition was followed by improvement. Strümpell considers that such cases are not sufficiently recognised. The expectoration is almost always from the mouth or pharynx, or neighbouring parts, and may be distinguished from true hæmoptysis by the far smaller amount of blood in it, the absence of pus elements, and the large amount of squamous epithelium, leptothrix and food remains present. The blood expectorated is to be attributed to the mechanical injury to the mucous membrane from the continual cough. Such hysterical hæmoptysis occurs also apart from trauma in persons of hysterical or hypochondriacal temperament.—*Brit. Med. Journ.*, March, 1897.

EARLY DIAGNOSIS OF MEASLES.

Koplik (*Arch. of Pediatrics*, December, 1696) states that one of the most, if not the most, reliable sign of the invasion of measles has failed to receive due attention. He refers to the exanthematous eruption on the buccal mucous membrane. This reaches its height just as the skin eruption appears and is spreading; when the skin eruption is at its efflorescence, the buccal eruption has begun to decline. There is nothing specially distinctive about the condition of the pharynx or hard and soft palate in measles. The first twenty-four to forty-eight hours of invasion of measles is marked by suffusion of eyes, slight febrile movement, and perhaps cough or a little sneezing. At this period the skin eruption has not made its appearance, but on examining the mouth there may be a redness of the fauces. If now the buccal mucous membrane and the inside of the lips are examined, a distinct eruption of small irregular spots of a bright red colour is invariably seen; in strong daylight, in the centre of each spot is seen a minute bluish-white speck, which is absolutely pathognomonic of commencing measles. They do not occur in the palate. The number varies, sometimes requiring careful search. These spots are very different in appearance to sprue spots; the small specks retain their punctate character, and never coalesce. This diagnostic test is of greatest value at the very outset of the disease. In scarlet fever the buccal mucous membrane is not affected; it is sometimes affected by simple aphthæ, but here the spots are not so bright red, and do not show the bluish-white specks. Rötheln, properly so-called, has not the eruption on this mucous membrane. Commencing *grippe* in many cases resembles the onset of measles, but again this affection of the mouth is absent. In some cases of

measles the spots are so few as to escape a casual examination; it is therefore well to carefully examine the mouth in a strong light from a window.—*Brit. Med. Journal*, March, 1897.

CÆCAL TUMOUR MISTAKEN FOR DISEASED APPENDAGES.

DELASSUS (*Progres Medical*, December 5th, 1896) records the case of a woman who suffered from hypogastric pains for some time. A tender movable tumour, as large as a hen's egg, lay in the right fornix, resembling a tube and ovary subject to chronic inflammation. There was constipation and the patient became sickly. The abdomen was opened and a malignant tumour of the cæcum was found in the right iliac fossa. It was quite irremovable. The earlier history was interesting, several experienced practitioners having attended the patient. The unilateral pelvic pain and swelling, accompanied by metritis, for which the curette had been used, very naturally baffled diagnosis.—*Brit. Med. Journal*, March, 1897.

APPENDICITIS.

AMERICA'S wittiest journal, *Life*, has had a skirmish with an allopathic medical journal, in which the latter comes out second best. Here it is—from *Life*, March 10th.

"HOM. OR AL.

"The *New England Medical Monthly*, in answer to a statement in *Life's* columns, asks:

"By the way, does *Life* really know of any surgeon who removes the appendix on general principles?

"*Life* does.

"Dr. ——, of New York, than whom no allopath in this city is oftener named in this connection, advocates the removal of the appendix from children when 15 days old.

"Dr. ——, one of the most swollen of swell old-school doctors in this city, was recently operating before students. He was at work in the abdominal cavity. Coming to the appendix, he said: 'This is of no use to the patient; it may be of harm. While we are here we might as well remove it, and insure against future trouble.' It was perfectly healthy. He removed it."

Our esteemed contemporary then quotes us—for our demolition, of course:

"The joke of it is that during all this reign of blood and terror the homœopaths, it appears, have been quietly treating it (appendicitis) medicinally, seldom operating and rarely losing a case."

Just how "rarely" is not stated, but we will supply the information by saying that the proportion of fatal cases under any sort of medical treatment has been shown to be something over 25 per cent. from causes which cannot be reached by medical treatment — concretions, tuberculosis, empyema, abscess, &c. The death rate of appendicitis under the best surgical treatment has been shown to be less than 1 per cent., or almost no death rate at all.

Lack of space prevents our indulgence in lengthy details, but we will mention one homœopath, who has practised in this city 25 years, seeing his due share of appendicitis cases in his own practice, besides those brought to his notice by fellow-practitioners—he being a surgeon with college and hospital standing. He has never lost a case and never failed to cure a case, whether primary or recurrent, with strict homœopathic prescribing.

Other veterans tell the same story. Occasionally, at very long intervals, a patient is lost. The percentage of deaths among these homœopaths is not 25 per cent.—one quarter of 1 per cent. would be a liberal estimate. We regret that our esteemed contemporary should "give away" the allopath in this thoughtless manner, but that 25 per cent. must refer to practice other than homœpathic.

By the way, where shall we tabulate the cases mentioned every day in the daily Press of eminent men who are operated upon, and die in a day or two? Probably not included in the "less than 1 per cent."

While not the advocate of any school, *Life* is still unable to resist the belief that those who are really attached to their appendix—in any sense—will find the safest and most comfortable travelling on the homœpathic highway.

All the guide-posts point in that direction.

—*Homœpathic Envoy.*

LOCAL TREATMENT OF ACNE.

G. T. Elliott (New York *Post-graduate*, October, 1896) gives the following hints as to the local treatment of acne. All the remedies which are of any benefit are to a certain degree antiseptic in action. They are in the form of lotions, salves, and powders. When the process is acute, and the inflammatory symptoms are active, then soothing applications are at first preferable, such as a 2 per cent. salicylic acid ointment, or a lotion of magnes. carbonat.; zinc oxid. aa ʒj; hydrarg. bichlor. gr. j to ij; aq. rosæ ʒ iv; M. Sig. In place of this a dilute lead wash or the lot. plumbi et opii can be used, or any other mild application. The remedy used should be kept as long as possible

in contact with the surface, and not simply dabbed on once or twice daily. When the acute symptoms have subsided, or when the inflammatory reaction is more of a chronic type, and this is the rule, then more stimulating applications are necessary. The majority of those which offer good results contain sulphur, either in powder form, or in an ointment or a lotion. The sulphur mixed with starch in proportion of 1 to 8 or 1 to 4 may be used, or it may be incorporated in Bassorin paste. When used as an ointment, its strength should be at least 10 per cent., and even 20 or more per cent. ℞ sulph. sublim. ʒ ij.; ætheris, spts. vini, glycerini aa ʒ ij.; aq. calcis, aq. rosæ aa ʒiv.; M. Sig.; or ℞ sulph. lactis ʒ iv.; tinct. saponis viridis ʒx; glycerini ʒ vj; spts. vini ʒj. M. Sig., are both good lotions in chronic cases. One of the most useful is ℞ Potass. sulphuret.; zinc. sulphat. aa ʒj; aq. rosæ ʒ iv. M. Sig. All these are applied at night after a preliminary soap and water washing, and allowed to remain over night. They produce a certain amount of re-action, a more or less marked temporary shrivelling and scaling of the skin, but are not to be dispensed with for that reason. If their effects are severe, they can be weakened in strength or used less frequently. Vleminckx's solution is also at times of benefit, as is also a paste: ℞ Sulph. sublim. ʒiss; glycerini ʒj; spts. vini camphorat. ʒ x; aq. rosæ q.s. M. Sig. (Besnier). The mercurial preparations are very useful, but care should be taken not to use them when any sulphur preparation is being or has been applied. A favourite lotion is: ℞ Hydrarg. bichlor. gr.xv; ammon. chlor, gr.xxx. to gr.lxx; spts. vini ʒiv; aq. rosæ ad Oj. M. Sig.; or the corrosive sublimate can be used in any other combination desired. Ointments are of value only in particular cases when uncomplicated by a seborrhœa oleosa, and when there is a natural dryness of the skin. The ointments may be a sulphur one, or of beta naphthol, 5 to 15 per cent.; or of ichthyol, 10 to 25 or more per cent.; or of some of the mercurials; the white precipitate, the ungt. hyd. oxid. rub., 5 per cent.; or the ungt. hyd. nitratis, ʒj to ʒiij, ad ʒj. A very useful combination when much pustulation exists is: ℞ Ungt. hyd. oxid. rub. ʒiij; ungt. sulphuris ʒ vj; ungt. zinc. oxid. ad ʒ ij. M. et sig. Comedones should be removed by the practitioner himself in successive sittings. Any one of the comedo extractors in the market is all that is necessary for that purpose. Scraping the face with a curette has been recommended, but personally Elliott has not obtained any benefit from this procedure, and he has seen a great many patients who had thus been

treated, and who were in no way benefited. After the comedones have been extracted the affected portion of the skin should be thoroughly washed with some antiseptic solution (Hg. Cl., 1 to aq. 1,000 or 2,000; boric acid, 5 per cent. in alcohol, &c.), and later in the day other remedies ordered may be applied.—*Brit. Med. Journ.*, March, 1897.

CAUSATION OF UTERINE CANCER.

Bäcker (*Arch. f. Gynäk.*, liii, Hft. 1, 1897), from a statistical inquiry, connects the development of uterine cancer with pre-existent endometritis, especially puerperal and chronic in character. Other forms of endometritis do not seem to have the same influence for sterile women, and those with gonorrhœa rarely suffer from cancer. Certain facts support his view, such as the greater frequency of cancer in married women and widows than in the unmarried, and in the poor than in the rich—for the former are more likely to allow an endometritis (fluor albus) to go untreated, and so become chronic; and the influence of inflammation on the development of cancer elsewhere—for example, mastitis and mammary cancer, gastric ulcer, and gastric carcinoma, &c. The influence of labour is not direct, for most cancerous women do not become so till long after the close of the child-bearing period. Bäcker finds no ground for believing that cancer is due to a specific microbe.—*Brit. Med. Journ.*, March, 1897.

RECURRENT TRANSITORY DIABETES.

Dreyfus Brissac (*Sem. Med.*, February 12th, 1897), gives a summary of six cases of recurrent transitory diabetes. The proportion of sugar was very variable, but usually 30 to 40 g. a day. The glycosuria diminished rapidly under a rigid diet. The amount of sugar was invariably less in the second and third attacks than in the first, but the attacks lasted longer with each relapse, 1 or 2 g. of sugar persisting for weeks or months. As a rule there was albuminuria, which subsided with the glycosuria. The proportion of uric acid was high. In all cases there was a moderate degree of polyuria. Thirst and hunger were never marked, but emaciation, sense of physical exhaustion and depression, were prominent symptoms; these recurred with diminished intensity with each attack. Dryness of the mouth was constant, and violent palpitation, irritable temper, and sexual failure were signs of an oncoming glycosuric paroxysm. None of the ordinary complications occurred, except in one instance a small carbuncle. Months or years

of perfect health sometimes intervened with the attacks. In one case ordinary diabetes supervened. The recurrent transitory variety of diabetes is connected in certain cases with constitutional arthritism, in others with an acquired arthritic tendency. In the former the diabetes occurs as an episode among other distinctly arthritic manifestations: in the latter there is no permanent constitutional substratum, but a temporary arthritism brought about by various morbid conditions of nervous or nutritional origin, this giving rise to perversion of the glycogenic function, as it may at other times to attacks of gout or piles. Transitory diabetes is not dangerous in itself; it is the expression of an enfeebled constitution or a passing dyscrasia. It may become transformed into chronic diabetes, or be a forerunner of infinitely more dangerous complications. The diet should be rigorous, as it need not be prolonged. Physical exercise is very important and tonics are advantageous. The urine should be frequently analysed that the diet in being suitable for the diabetic condition may not favour an attack of lithiasis or gout.—*Brit. Med. Journal*, March, 1897.

MORPHINISM IN RUSSIA.

Dr. Lembke, of Riga, has published, in a German homœopathic journal, some remarkable statements on the subject of the alleged increase of the morphine habit in Russia. He has made inquiries in all the pharmacies of the city (medical men in Riga do not dispense), and has found that between 20 and 25 per cent. of all the prescriptions contain morphia. The largest quantity in any single prescription examined by Dr. Lembke was 1 drachm in 1 oz. of water for subcutaneous injection. The same prescription was dispensed, as a rule, twice weekly. Dr. Lembke computes that 285,000 prescriptions are dispensed in the Riga pharmacies every year, and that the quantity of morphia used in these is about 170 ozs.—*Chemist and Druggist.*

CARBUNCLE.

A writer in the *New York Medical Journal* emphasizes the necessity of removing every particle of diseased tissue from the surrounding structures in cases of carbuncle. The knife, the strong scissors and Volkmann's spoon are to be brought into requisition as needed. To get rid of microscopical particles a solution of chloride of zinc, forty grains to the ounce, is used as a swab. The large circular wound which is left is treated with a solution of carbolic acid, one part; alcohol, one part; methyl violet, one part; water, ten parts.

It is then dusted with iodoform, packed with iodoform gauze and bandaged. Thiersch grafts are applied to hasten the cure when the granulating wound comes level with the surrounding skin.—*Medical Century*, Feb., 1897.

AN UNREAPED FIELD.

We hear that there is a good opening for a homœopathic practitioner in a large town in the south-eastern part of the country. Further particulars may be had on application to Mr. G. A. Cross, Secretary, London Homœopathic Hospital, Great Ormond Street, W.C.

ENGLISH AS SHE IS SPOKE IN GERMANY

A Leipsic pharmacist recently issued the following circular to his English-speaking customers:—

Gentlemen,—I allow myself to inform you that I have bought ——'s homöopathische officin in Dresden, which I have translated to Leipzig the 1 May a.c. and joined with my old celebrated business which I have and keep quite absolutely already since 1880.

I will take care not only to deserve for the future the benevolence and confidence which this firm and my prepossessors have had so many years, but also to augment them, which certainly I will reach as I can look back already to a successful activity as especially homöopathic-apothekary during seventeen years.

You will kindly assist me by this project, and you will kindly give me occasion to reach your satisfaction by sending me your orders which I will always execute to your entire satisfaction. Your very affectionate

Chemist & Druggist.

CORRESPONDENCE.

MR. THEOBALD TO HIS SUPPORTERS.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—Will you permit me to convey in your columns my warmest thanks to the 66 medical colleagues who supported my petition to the Royal College of Surgeons for the return of my diploma? The Council refuses to respond to the request thus powerfully supported. I do not suppose any such petition was ever so endorsed—and no petition supported by a much smaller endorsement is as a rule refused. "I cannot tell" the reason of this exceptional severity. But conjecture may suggest plausible explanations.

Yours very truly,
R. M. Theobald.

5, Grosvenor Street, W.
May 24th, 1897.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Dr. EPPS, Mr. DUDLEY WRIGHT, Dr. WHEELER, Mr. GERARD SMITH, Mr. KNOX SHAW, Dr. BYRES MOIR, Dr. DAY, Dr. DUDGEON (London); Dr. HUGHES (Brighton); Dr. NICHOLSON (Liverpool); Dr. M. M. BOSE (Calcutta); Messrs. MARTIN & PLEASANCE (Melbourne).

BOOKS RECEIVED.

The Homœopathic World. May. London.—*Medical Reprints.* May. London.—*The Chemist and Druggist.* May. London.—*The North American Journal of Homœopathy.* May. New York.—*The Medical Times.* May. New York.—*The Medical Century.* May. New York and Chicago.—*Homœopathic Eye, Ear and Throat Journal.* May. New York.—*The New England Medical Gazette.* April. Boston.—*Surgical Clinics of the Massachusetts Homœopathic Hospital.* By N. W. Emerson, M.D. 1897.—Samuel Usher. Boston.—*The Homœopathic Recorder.* April. Philadelphia.—*The Homœopathic Physician.* April. Philadelphia.—*The Hahnemannian Monthly.* May. Philadelphia.—*The Clinique.* April. Chicago.—*The Hahnemannian Advocate.* April and May. Chicago.—*Pacific Coast Journal of Homœopathy.* April and May. San Francisco and New York.—*The Minneapolis Homœopathic Magazine.* April and May.—*The Medical Argus.* March and April. Minneapolis.—*The Homœopathic Recorder.* April. Lancaster, Pa.—*The Homœopathic Envoy.* May. Lancaster, Pa.—*Homœopathic Medical School Report.* May. Calcutta.—*Indian Homœopathic Review.* January. Calcutta.—*Journal Belge d'Homœopathie.* April. Brussels.—*Revue Homœopathique Belge.* March. Brussels.—*Revue Homœopathique Française.* April. Paris.—*Archiv. für Homöopathie.* April. Dresden.—*Allgemeine Homöopathische Zeitung.* April 22 and May 6. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* May. Leipzig.—*Homœopathisch Maandblad.* May. Zwolle.—*El Propagador Homeopático.* March. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

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EMPIRICAL HOMŒOPATHY.

In our last number, we gave a few illustrations of the numerous additions to their therapeutic resources which those members of the profession, who pretend to ignore homœopathy and everything connected therewith, have derived from the clinical results obtained by such as have fully studied it, and have carefully and avowedly practised medicine homœopathically. The former have used these results empirically, as simple facts of clinical experience, having no further meaning. "It does not matter to us," writes one reviewer, "if the homœopaths assume this [the value of single drop doses of ipecacuanha wine as a remedy for vomiting] as an instance of their favourite doctrine; it is our business to make use of the information, regardless of whatever theory is, by a certain class, attached to it. The only principle we have to hold by is the paramount necessity of doing our best for our patients. If one drop doses of ipecacuanha wine do good, why not employ them?" This one sentence explains with abundant fulness how it has come about that—so far as experience recorded in non-homœopathic medical journals is concerned—we so rarely now-a-days

see cases of vomiting reported in which ipecacuanha has proved useful; why it is that Dr. LIONEL BEALE should protest against the use of aconite in the acute congestion of the lung which often supervenes in influenza because, "except in very small doses," which, he says, "do nothing," "it is a heart paralyser, and in these cases would hasten death." (*Lancet*, Feb., 1890).

In the first place, we learn from this that the remedy is prescribed without regard to the conditions under which it was used by those whose clinical experience led to its being proved to be a remedy. Ipecacuanha is not a remedy in all cases of vomiting, but only in such as are characterised by symptoms similar to those which mark the condition present when it excites vomiting in the healthy. When the value of ipecacuanha, as a remedy in vomiting, was first recognised by leaders and teachers in medical journals and schools where homœopathy is not only not regarded as conveying any truth in medicine, but where it is urged and taught that it is "a controversy, which is only kept open by gentlemen who decline to be guided by the ordinary principles of evidence accepted by men of science, whether medical or any other," viz., in the year 1869, the then editor of the *Practitioner* (the late Dr. ANSTIE) in the November number of that year expressed a desire to "accumulate evidence" upon the effect of "small doses of ipecacuanha in checking vomiting." As a contribution to this question, Dr. HERBERT NANKIVELL, of Bournemouth, sent a report of a very striking case, showing that valuable as ipecacuanha is as a remedy in instances of this form of disturbance, the symptoms of which are like those characteristic of its action in health, in those where this similarity is absent it is useless. In Dr. NANKIVELL'S case the vomiting was almost continuous, and not merely when the stomach was irritated by food; great gastric tenderness was present, and the tongue was coated with a creamy fur, getting black in the centre; the pulse was quick and weak, the hands were clammy, the face pinched and drawn, giving almost a choleraic expression. The patient had been ill three weeks, and in spite of treatment had been getting gradually worse up to the time when Dr. NANKIVELL first saw her. Ipecacuanha proved to be useless, and nux vomica equally so; exceedingly minute doses of

arsenic aggravated the symptoms. Tartar emetic was then prescribed, $\frac{1}{100}$th of a grain being given for a dose. It was ordered at first after every attack of vomiting. Marked improvement immediately set in, and after a week's continuance of the remedy the vomiting ceased, and the patient began to convalesce. This very interesting and instructive piece of evidence on the question of the control of ipecacuanha over vomiting the editor of the *Practitioner* refused to accept. It will be found at page 121 of the 14th volume of our *Review*. The editor of the *Practitioner* was self-deceived in supposing that it was evidence simply which he wished to accumulate, the evidence that he desired was such as did not run counter to his own foregone conclusions, evidence which would support the idea that he had given birth to—that, given in comparatively small doses ipecacuanha arrested vomiting by producing tonic effects upon the sympathetic! Truth, either in therapeutics or in anything else, can never be reached in this way. Experience and experience alone is the fountain of all our knowledge of nature, and this fact being once recognised "we ought" as Sir JOHN HERSCHELL told us, "to suspend as premature any preconceived notion of what ought to be the order of nature in any proposed case, and content ourselves with observing as a plain matter of fact what is." The editor of the *Practitioner* of 1869, on the other hand, insisted upon his therapeutic contributors being guided in their writings not by their experience, but by "the ordinary principles of evidence accepted by men of science, whether medical or any other." Anything like progress, especially in therapeutics, is impossible in the face of such dogmatism as this. Dr. NANKIVELL'S experience was totally different from that which it had fallen to the lot of the late Dr. ANSTIE to encounter, (simply because he had refused to encounter it) and consequently it was repudiated by him with the result that the readers of the *Practitioner*, though assured that ipecacuanha was a remedy in some cases of vomiting, were left in the dark as to how they could distinguish cases where it would do good from those where it would be useless! So again in the instance of the use of the tincture of the rhus toxicodendron in rheumatism, the *Therapeutic Gazette* of eight or nine years ago contained an article giving a number of clinical

illustrations showing its value, and at the same time informing the reader that it required to be given in "suitable cases," while refraining from giving them a hint as to how the suitable cases could be selected. The same medicine is named in Dr. LAUDER BRUNTON'S *Index of Diseases and Remedies*, together with twenty others as being called for in acute rheumatism, but the only hint supplied to the practitioner is that it is "exceedingly useful in after stage and sub-acute forms." Again, under chronic rheumatism the same drug is said to be "useful internally and locally," and is bracketed with twenty-four others, but neither in the index nor in the body of the book is any hint given as to how one drug may be preferred to the other in any given case, nor do we find any suggestion as to how such knowledge may be acquired; all are "good in rheumatism," a fact which is certainly interesting, but at the same time rather embarrassing from its comprehensiveness, and in the absence of any reason or theory on which to make a selection from the 21 in the one instance or the 24 in the other, leaves the attempt to fulfil "the paramount necessity of doing our best for our patients" of the rheumatic variety somewhat difficult.

The simple fact, the fact to which the experience of now one hundred years bears witness, is that until those who avail themselves of the clinical experience of homœopathically practising physicians recognise that the observations they desire to repeat have been obtained by acting in obedience to a well ascertained law of drug selection in the treatment of disease, they will meet with a considerable share of disappointment in the results accruing to them. Rhus toxicodendron is, as the author of the paper *Clinical Observations on Rhus Tox.* in the *Therapeutic Gazette* said, a valuable remedy in some cases of rheumatism, but it is so only in *suitable cases*. How are these to be ascertained, how are they to be differentiated from those in which it is unsuitable? Those members of the profession who first drew attention to the probable value of this medicine in rheumatism, and those who have during nearly a century through their clinical experience converted this probability into a certainty have been able to detect "suitable cases" by the comparatively simple and absolutely direct plan of giving it as a remedy only

in those cases of rheumatism where the patient's symptoms were similar to those which the plant produced when acting upon persons in health. Such, and such only, are suitable cases in which to employ it. Dr. Wood, of Philadelphia, was, we remember reading in some medical journal within the last few years—we regret having lost the reference to the observation—struck with the effect following the use of this drug in acute rheumatism in some cases, but in some only. In order to ascertain the kind of case in which it would be useful, he gave it to every rheumatic patient in his wards! From this experiment he was unable to learn anything! It was an illustration of pure empiricism, and very clumsy empiricism it was.

In the case of vomiting, the details of which we have referred to, Dr. Nankivell gave in the first instance ipecacuanha, then nux vomica, then arsenic—all useful medicines in certain cases of vomiting, but without either exercising any influence on the health of his patient—and then tartar emetic which removed her illness. He fully recognised his error in having prescribed the first three medicines, and, in his comments upon the case, he writes, "I confess with shame that the above case was a clumsy one, not so much in its report as in its treatment. With the materials that I possessed, viz.: a general therapeutic law, that of similars on the one hand, and the proved symptoms of medicines on the other, the true remedy should have been selected at once." How many of us there are who have too often to make the same candid confession! The tartar emetic was, as the symptoms of the patient and those produced by the drug when given to healthy persons show, alone homœopathic to that particular case of vomiting; it alone was therefore curative. "To put the homœopathic label on facts is," said the *Lancet* (June, 1890), "to court neglect of them." Independently of the absurdity, the childishness of neglecting "facts" because of any "label" that may be put upon them, in the case of therapeutic facts, obtained through homœopathy, the label put upon them by explaining their origin is at the same time instructive as to the mode of using them. To endeavour to utilise the therapeutic observations of homœopathically practising physicians without recognising that they are

homœopathic, and without also recognising that in repeating them disease can only be modified if the conditions, required to render a homœopathically indicated medicine a remedy, are observed, is not only to "court" failure but to ensure it.

The several drugs to which we referred in our June number as having been adopted as remedies by leaders and teachers in medicine during the Victorian era, in conditions in which the researches of homœopathic physicians have shown them to be remedial, have not been ascertained to be what they have proved themselves to be by "unguided experiment," or by what "we must regard as pure empiricism;" it was not "by accident" that the value of uranium in diabetes was discovered. In each instance the knowledge which has been acquired was the result of clearly and carefully designed investigation;—the study of the effects of the drug when taken by persons in health, and the application of the knowledge thus obtained by the rule *similia similibus curentur* in disease. Unguided experiment, pure empiricism and accident are, Dr. GOWERS has intimated, the chief sources whence the knowledge of the uses of the drugs commonly prescribed has been derived. Such is not the case with those which Dr. RINGER and others have appropriated from the writings of homœopathic physicians. To be prescribed successfully, they must be homœopathically indicated, not merely in each disease but in individual cases of each disease. Prescribed after a routine manner, as in the instance we have cited of rhus toxicodendron in all cases of rheumatism, a considerable proportion of failures will be inevitable, giving rise to observations such as that made on one occasion by a medical man regarding RINGER'S therapeutic instructions, "RINGER'S tips don't always come off." This simply arose from the teaching being that of "tips," not of observations reached by a scientific plan; of "tips" communicated without any instructions being given as to the mode in which they should be used.

It is empirical routine that leads to fashion in therapeutics, and the vagaries of fashion oftentimes arise from substituting an untried novelty for a medicine that has been used in a mistaken manner. A very good example of this kind of abandonment of a useful drug

was given by Dr. WILKS in his address on *Medical Treatment*, at Birmingham in 1884. Said he: "There is phosphorus; this was a scientific remedy, because the brain contained it, but doomed soon to become ridiculous when the public believed their minds were being invigorated by swallowing Zoedone. I never remember seeing more than one patient the better after taking phosphorus, and therefore I am bound to look upon this as a coincidence. In my private pharmacopœia, I have attached to the word phosphorus the name 'humbug.'" Not knowing how to use it Dr. WILKS sets it aside as useless, and with it all the experience to the contrary of the many thousands of physicians who have employed it with such great advantage to their patients during the last hundred years.

"Scientific therapeutics is" says Dr. WILKS in the June *Practitioner* "what we are hoping for, but at the present time very little exists." Looked for in the right direction, Dr. WILKS will find that there is a great deal. The reason that he assigns for this deficiency is "that we are not fully acquainted with the action of many of the medicines we use." In the *Cyclopædia of Drug Pathogenesy*, Dr. WILKS will find a wealth of knowledge respecting the action of many medicines that he is little aware of. "What is to be deplored, is," Dr. WILKS, in the same article, truly says, "that there should be a fashion in the use of drugs, as there is in everything we do." And again, he writes, "Fashion is a great barrier against progressive therapeutics." Verily it is so; but as long as physicians are content to rely for a knowledge of the properties of their drug remedies upon "unguided experiment," upon "accident" and upon "pure empiricism," so long as they are content that therapeutics should continue "empirical, as they were in the days of old," so long must they submit to be borne along upon the winds of fashion in their selection of this class of remedies.

In prescribing the medicines we have named, in the conditions that homœopathic physicians have taught them to do, non-homœopathic practitioners have, as all have noticed, done so in much smaller doses than they had been wont to do. Still, in some instances the dose thus given has been too large. Dr. LIONEL BEALE for instance, protests against the use of aconite when the febrile con-

dition would indicate its importance, because, "except in very small doses which do nothing," it is a heart paralyser! How does Dr. Beale know that in very small doses aconite is without influence? Is such a conclusion the result of experience? We feel sure that it cannot be anything of the kind. Those who have given these "small doses" know that they are promptly followed by a rapidly falling temperature and pulse. Against facts of this kind Dr. Beale stops his ears, and asserts that for a dose of aconite to have any effect, it must be a heart paralyser! Again, Dr. Burney Yeo (*Medical Times*, May 30th 1884), refers to a consulting physician who had told him that he had recently seen three fatal cases of pneumonia in which aconite was being "pushed." Here is an illustration of two errors into which the practitioner who places his reliance on "tips," instead of upon ascertained knowledge, is liable to fall. Aconite in pneumonia is invaluable, and has prevented or aborted many cases, but it has done so only in the pyrexial or early part of the congestive stage of pneumonia; and, moreover, it has done so in very small doses, in doses compared with which such as are recommended by Dr. Ringer are large. Beyond this stage it is of no use, beyond this stage it is not homœopathic. Many years ago we met the late Mr. Hitchman, of Leamington, at a meeting of homœopathic practitioners in Birmingham, and remembering him as a surgeon having unbounded faith in the use of drugs, and as one always prescribing them in very considerable quantities, we asked him what had led to his studying homœopathy; he replied that he attended the children at several ladies' preparatory schools, but that he had noticed that in one the cases of colds, measles and so on were always much slighter than similar cases at other schools, and he found out by enquiring from the lady at the head of it that before sending for him she always gave the children some globules of aconite at intervals during twenty-four hours! The pyrexia once checked, the actual disease developed but slightly. It is the pyrexia that aconite controls, and that in a dose far, very far, removed from one that can paralyse the heart. "Pushed," as Dr. Yeo found it, in a condition when it was no longer homœopathic, no longer needed, in half drop, drop or two drop

doses frequently repeated, it undoubtedly excited its physiological, or more correctly speaking, its pathogenetic action.

Another error into which practitioners who use homœopathically indicated medicines without the knowledge of, or regard to, the conditions under which alone they can be expected to be useful, is that of combining several in one mixture. Polypharmacy is probably less than it was, but it is still practised to an extent which imperils the therapeutic value of the only important constituent in the prescription. A medical man witnessing the practice at a special hospital on one occasion saw a case of cystitis being prescribed for by one of the physicians. Tinctura lyttæ (cantharis), a very suitable and probably homœopathic remedy for the case was ordered; but, said our informant, having written that down, "he couldn't let his pen stop there," but added several other drugs, and the tinctura lyttæ became lost in the confusion!

A very good illustration of the mischievous influence of compound prescriptions is given in Dr. Burney Yeo's *Manual of Medical Treatment* (vol. i., p. 325) where, referring to cactus grandiflorus as "a cardiac tonic recently introduced," he alludes to "the caution with which statements about newly introduced drugs must be received, more especially when we observe, as in two prescriptions now before us, containing cactus grandiflorus, that it was combined in one with nux vomica and liquor pancreaticus, and in the other with Fowler's solution and compound tincture of gentian. We do not see how it is possible, if such combinations are given in cases of advanced valvular disease, to refer any temporary benefit that may seem to follow, to one only of these ingredients."

The prescription of medicines successfully used by homœopathic physicians in the forms of disease in which they have employed them requires something more in the way of knowledge than the name of the disease and the name of the medicine, in order to ensure a similar degree of success. The good fortune which has followed those who have prescribed them hitherto in this crude empirical fashion is not a sure foundation on which to rest for the future. Physicians can "make use of the information" we have provided them with, but without

an intelligent regard to the theory which led to the information being obtained, and to the conditions under which it was put into practice, it will infallibly follow the course of all the therapeutic experience of the past and be as much the sport of fashion as any has been.

The medicines the therapeutic uses of which in our last number we pointed out as having been acquired from homœopathic physicians must, to have similar results follow their employment, be prescribed in a like manner. They must, in the first place, be not only homœopathic to the condition, but to the case of that condition. Also, each must be given uncombined with any other. Thirdly, the dose must be smaller than one which would be capable of producing a like condition in a healthy person.

The advantages prescribers have derived from using the medicines advised when guided simply by the name of the disease, and in a dose far smaller than any they had previously trusted to, have we know been many and great. But there must have been many occasions on which the "tips" they followed "didn't come off." This has arisen from a neglect of the conditions requisite to be taken into consideration in the selection and administration of the medicine to which we have drawn attention.

That these remedies have been adopted and successfully used in the crude and empirical manner that they have been, is evidence of the value and importance of the methods of therapeutic investigation and of clinical application, which led to the knowledge of them. By following out these, the gains practical medicine has secured from them will be permanent. By their neglect the invaluable hints derived from homœopathy will be lost; the disappointments, the neglect of them will entail, will but stimulate fashion and drive the practitioner to "fresh fields and pastures new." If such a result ensue it will do so not from any failure of the therapeutic method that led to these hints being known, but from the blind prejudice which prevented their being utilised as experience had proved that it was necessary to utilise them in order to secure the wished for results.

POST-GRADUATE LECTURE ON "CHLOROSIS."

By J. Galley Blackley, M.B., Lond.

Senior Physician, London Homœopathic Hospital.

Gentlemen,—In my opening lecture I endeavoured to sketch out for you as completely as possible the physiology of the blood as viewed from the clinical standpoint, dwelling particularly upon such methods of examination as modern instruments of precision have rendered readily available at the bedside and in the consulting room. With the aid of the hydrometer, the coagulometer and the hæmoglobinometer, of the spectroscope, the hæmatocytometer, and last but not least of the microscope, we are in a position to clear up many obscure points in connection with the pathology of the blood, especially if the last-named be brought to bear upon films fixed and stained in the manner I have already described. The preparation of the last becomes indeed, almost *de rigueur* before venturing upon the diagnosis or treatment of a case of "blood disease."

To-day's lecture will be devoted to the consideration of one of the commonest of the diseases in which striking blood changes are the most salient feature; I refer to *chlorosis*. Let it not be imagined, however, that the blood changes alone are worthy of notice. The *ensemble* of symptoms even in moderately developed cases of chlorosis is so striking as to render it almost imperative to study the disease as a whole, no single symptom which has been placed on record by competent observers being in reality too trivial to be taken note of. The help afforded by frequent and regular examination of the blood will be found simply invaluable, whether as an aid to diagnosis, as a means of prognosis, or as an index of progress towards "cure."

With the history of the early descriptions of the disease I will not weary you, but merely content myself with saying that it was undoubtedly well-known to the Father of Medicine himself. It appears, however, to have been as late as the year 1620, that a professor of the Faculty of Montpellier, Jean Varandal,* first assigned to it a special place in nosological tables under the new designation of *chlorosis*. Whilst I go *seriatim* through

* De morb. et affection. mulierum Montpell. 1620.

the symptomatology of a fully developed case of chlorosis, you will have before you Rosa P—, aged 17, a well-nourished brunette, admitted into the hospital for the second time within nine months for severe chlorosis, the present attack being a genuine relapse (a very frequent occurrence by the way in chlorotics) as she was discharged cured in December last; and I will ask you to verify the list as far as possible in the person of this patient, reserving the indications furnished by the blood till the last.

The colour of the skin in exposed parts of the body at once attracts our notice. The skin may be as white as alabaster, or may resemble old wax in colour. Pigmentation, too, occurs in places, especially over the knuckles and round the waist. There is a general tendency to *embonpoint*, with puffiness in places, but which does not pit on pressure (œdema elastica), its favourite situations being face, malleoli and hands. The mucous surfaces, too, are exsanguine, especially the conjunctival, the labial, and the buccal.

The symptoms affecting the *circulatory system* are amongst the most striking, and some of them are, with the increasing pallor, usually amongst the first to attract the attention of the patient and her friends. They are as follows:—Palpitation, especially on exertion, or as the result of lively emotion. The area of cardiac dulness is increased: in Rosa P— the upper limit is at the third rib; it extends $\frac{5}{8}$ of an inch to the right and $5\frac{1}{2}$ inches to the left of the middle line; the cardiac formula is therefore expressed as $\frac{\text{III}}{\frac{5}{8}\times 5\frac{1}{2}}$. On auscultation one or several abnormal sounds (*bruits de souffle*) are usually heard, and these are always systolic. The maximum of intensity is usually over the pulmonary area alone or over the pulmonary and aortic areas, but an apical bruit of the same character (*bruit de souffle*) is frequently heard either at the point itself or in the fifth interspace a little to the left of the sternum: the latter is generally accompanied by a slight purring tremor. With these systolic bruits a doubling of the second sound may usually be made out.

The pulse, during the occurrence of palpitation is accelerated, but this symptom may be quite independent of the palpitation, constituting a true *tachycardia chlorotica*. The larger superficial arteries usually exhibit visible pulsations, and these are especially

noticeable over the carotids, and in the aortic arch over the episternal notch. The capillary circulation shows frequent and rapid variations, the cheeks easily grow pale or red by turns, and patients not infrequently complain of the *doigt mort*, or dying off of the fingers. The larger veins of the neck are the seat of certain striking and distinctive symptoms, which yield themselves both to auscultation and palpation. If after directing the patient to turn the head as far as possible towards the left shoulder we grasp the right side of the patient's neck in such a manner that the thumb presses lightly upon the course of the internal jugular two or three centimetres above the inner end of the clavicle, we feel with the thumb a continuous purring tremor with frequent reinforcements, especially if we alternately tighten and relax the pressure. On listening with the stethoscope over the same area, using very light pressure, or better still, no pressure at all, we hear a low-pitched continuous sound also with reinforcements, this is the classical *bruit de diable*, or better *bruit de rouet*, for the continuous character of the sound with regular reinforcement is, eminently suggestive of the noise of the spinning-wheel.

Over the external jugular the pitch of the note is higher and resembles more the buzzing of a fly, whence the name *bruit de mouche*. All these sounds are usually heard best over the right side, but very occasionally they are only perceptible on the left. They are, however, not confined to the veins of the neck, for the femoral and other of the larger superficial veins furnish similar sounds. *Bodily temperature* in the chlorotic subject is, contrary, I think, to one's natural expectation, either normal or raised above the normal, never low.

Symptoms affecting the digestive system are numerous and are uniformly present. The appetite is both diminished and perverted. There is usually great dislike to nitrogenous food, with a craving for vinegar and highly seasoned foods. Digestion is slow, and the patient usually complains of a feeling of distension at the pit of the stomach. Nausea or vomiting are common, and hæmatemesis is possible but rare; when present it is usually due either to simple ulcer, of which chlorosis may be looked upon as a predisposing cause, or it constitutes vicarious menstruation. Gastralgia is the rule either in paroxysms at irregular intervals or continuously

with aggravations each time that food is taken. Constipation is also the rule with chlorotic patients; when not present it is, as in the patient before you, replaced by an attack of diarrhœa, the colour of the stools being normal unless the patient be taking iron. The pit of the stomach is very sensitive to pressure, and in a large majority of cases the stomach on being mapped out is found to be dilated. The chemistry of digestion in chlorotics has been minutely studied by M. Hayem, and was found by him to be physiological in only a very small minority of the cases examined. In nearly half his cases he found a diminution in the fermentative process which results in chlorine being set free to act upon the albuminoid matter introduced as food, in other words a condition of *hypopepsia*; in a sixth of these cases there was an excess of free hydrochloric acid in the contents of the stomach, as shown by Günzburg's or Lépine's tests; in the remaining half Hayem found the fermentative process quickened, the condition being, therefore, one of *hyperpepsia*.

In the urine the proportion of urea is diminished, as are also the chlorides and phosphates; uro-hæmatine is in excess, as you will see in this test tube, where nitric acid containing some free nitrous acid has been added to the urine. At the line of demarcation between the two a red band appears.

Menstruation is usually much affected, and the disturbance appears usually to be directly proportionate to the amount of chlorosis; where the latter is very pronounced (as in the girl before us, who has seen nothing for more than twelve months) complete suppression is usually present. Very occasionally the opposite condition, menorrhagia, is present. I have lately seen such a case, which proved singularly intractable, where a very profound chlorosis was accompanied throughout by menorrhagia.

Certain nervous symptoms depending, in all probability, upon defective blood supply to the nerve centres, are generally complained of, viz., vertigo, dimness of vision, singing or buzzing in the ears, faintings, nightmare, headache and various neuralgias, especially of the fifth nerve, and of the intercostal nerves on the left side; anæsthesia affecting one side of the body, or of isolated patches such as the pharynx, is not uncommon, and lastly hysterical symptoms are often to the fore.

Let us now proceed to examine the blood of this patient.

Having carefully cleansed the tip of one finger, preferably the middle finger, of the patient's left hand, and allowed it to hang down for a few minutes so as to produce temporary hyperæmia of the part, we prick it with a glover's needle, which being three-cornered, gives freer hæmorrhage and allows of several successive drops being taken. On applying a cover-glass to the point of the drop you will notice that the blood is unnaturally pale and more fluid than normal. Holding the cover-glass, by means of forceps in the left hand, we rapidly spread out the droplet into as thin a layer as possible by means of a glass rod, or better with the aid of a fine capillary tube; the cover-glass still held by the forceps is then rapidly dried by waving it to and fro. This prevents the corpuscles running into rouleaux, and if the whole operation of spreading and drying be quickly performed the shape of the red corpuscles is retained, the white also retaining their outline but becoming flattened out. This dry film is then fixed by immersion for a few minutes in a mixture of equal parts of absolute alcohol and ether, and is then ready for staining by means of any of the ordinary double staining methods. Eosine and methylene blue for rapid work, or eosine and methyl green where we have plenty of time at our disposal, have succeeded very well in my hands. The red corpuscles stain a more or less pure red, the nuclei of the white cells are stained blue and their protoplasm pink or violet. On examining the specimens of those stained films which have been placed under the microscopes on the table, you will notice that the red corpuscles vary very much both in size and shape, microcytes varying in size from 8μ to 6μ predominate; many are of normal dimensions though deficient in colour, whilst a very few, also pale, range from 9μ to 14μ. Poikilocytosis is a prominent feature in all the slides, ovoid, pyriform, fusiform, rocket-shaped and hammer-shaped cells being the prevailing types. All, or nearly all, are obviously deficient in colouring matter, especially in the centre of the corpuscles, and this will prepare us for the fact that the blood of this patient, on her re-admission, examined by means of Oliver's hæmoglobinometer, was found to contain barely 20 per cent. of the normal amount of hæmoglobin, whilst the number of the red corpuscles stood at 2,850,000, or exactly 57 per cent. of normal.

By dividing the hæmoglobin percentage by the corpuscular percentage we get the richness of the individual corpuscle in hæmoglobin as 0.57, the normal standard being taken as unity.

The leucocytes you will observe do not differ from the normal in size and appearance. On examining the part of the cover-glass first touched by the drop you will find the majority of the *blood plaques* stained faintly blue, and these are decidedly more numerous than normal, although exact counting is very difficult, owing to the tendency of these elements to run together almost instantly. The onset of the disease, as in the case of the patient before you, is usually insidious; in rare cases, however, it is sudden, usually following severe mental emotion, as, for instance, from breaking off an engagement. Its march is uniformly chronic, and relapses are frequent. Rosa P—, who is now before you, left the hospital "cured" in December last, but treatment was unfortunately not persevered in, with the result that she has just returned to the hospital in worse plight than before.

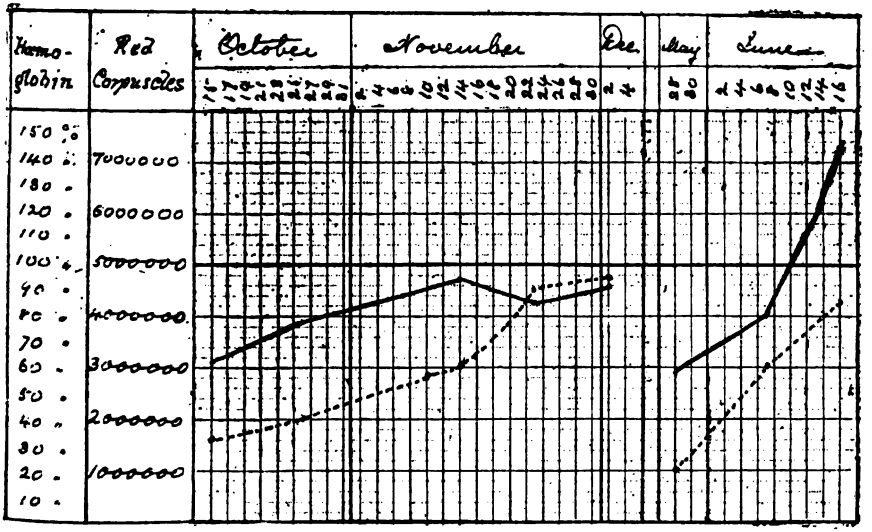
The medicine we have prescribed for Rosa P— is the same she received on the last occasion, viz., the *protoxalate of iron* in doses of gr. ii., three times a day, with meals, (the powdered drug is usually taken in a tablespoonful of beef tea or soup of any kind). It is by far the best of the preparations of iron which I have tried in chlorosis, and has now stood the test of fifteen years' experience, for I find I introduced it to the students of this hospital in a clinical lecture on "anæmia," given in February, 1882.

In order to show you the effect upon the blood of the steady administration of this drug, I will pass round firstly the hæmatological table, compiled during Rosa P——'s last and present sojourn in hospital, and secondly, the same data reduced to the form of a chart; and with respect to the latter, I would strongly emphasise the help it affords, both in the matter of diagnosis and of prognosis, as well as for the sake of exhibiting in graphic form the effects of drugs. In the chart of a case of chlorosis like the one before us, the hæmoglobin curve rises with the corpuscular curve, but is invariably some distance below it; whereas in the case of pernicious anæmia the hæmoglobin line is

always slightly above that of the red corpuscles, but rises and falls with it.

Name.	Date.	Red Corpuscles.	Hæmoglobin.	Corpuscular Richness.	Treatment.	Remarks.
Rosa P.	Oct. 15, '96	3,080,000	32 %	0·52	Ferri protox. gr. ii. t.d.	Poikilocytosis.
	,, 26 ...	3,800,000	40 ,,	0·53	,, ,, ,,	
	Nov. 10 ...	...	60 ,,	...	,, ,, ,,	
	,, 14 ...	4,725,000	70 ,,	0·74	,, ,, ,,	
	,, 28 ...	4,348,000	90 ,,	1·03	,, ,, ,,	
	Dec. 2 ...	4,600,000	95 ,,	1·03	,, ,, ,,	Discharged "cured."
Re-admitted	May 28, '97	2,850,000	20 ,,	0·35	,, ,, ,,	Great variation in size.
	June 7 ...	4,025,000	60 ,,	0·75	,, ,, ,,	
	,, 16 ...	7,400,000	85 ,,	0·57	,, ,, ,,	

Rosa P——, aged 17. Admitted Oct. 15th, 1896. Re-admitted May 28th, 1897.



Red Corpuscles ——————— Hæmoglobin ----------

Another drug, which is undoubtedly of great value in chlorosis, and which has lately come once more into popular favour after lying *perdu* for nearly half a century,* is manganese, in the shape of the perman-

* *Vide* "On the Different Kinds of Action of Medicines." By Henry R. Madden, M.D., *Brit. Journ. of Hom.*, 1850, p. 195.

ganate of potash. The close similarity in chemical constitution between the salts of iron and those of manganese, would lead one rather to expect a similarity in physiological effect, and such is apparently the case, for in those cases of amenorrhœa, coupled with, or rather dependent upon, chlorosis, where iron fails, manganese will frequently effect a cure.

A LECTURE ON CERTAIN AURAL AFFECTIONS IN CHILDHOOD AND THEIR TREATMENT.*

By Dudley Wright, M.R.C.S., Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital.

Gentlemen,—It must have been the experience of nearly every medical practitioner within a short time of entering upon his work to find that the knowledge of disease in adults which he had obtained had to a certain extent, to be re-learnt in a different form so soon as he was called upon to treat the ailments of the younger portion of humanity.

For this reason I believe that in studying the affections of any particular organ of the body, it is occasionally of much advantage to contrast the main differences displayed in the morbid manifestations in adults and children respectively.

In the case of ear and throat diseases I think that such a method of study is particularly useful, for it is a noteworthy fact that certain aural affections commonly met with in children, are often but rarely seen, or present certain characteristic features, which are lacking in the case of adults, and, *vice versâ*, that certain forms of deafness of middle and old age are seldom, if ever, met with during the first decade of life.

My object will be, then, in this and the following lecture, to point out to you, as far as possible, the main differences which exist at these two periods of life in the course, nature, and requisite treatment of these diseases; and in accomplishing this I will hope that I may help you to avoid the many pitfalls which all of us are liable to encounter, and which are too plentiful in this particular branch of practice.

* One of a series of post-graduate lectures delivered at the London Homœopathic Hospital in 1896.

First, then, I would draw your attention to some important points of difference between children and adults respecting the ætiology of ear diseases.

The first point relates to the liability for certain tissues of the body to become the seat of disease at the two different ages.

The second relates to the greater predisposition of children to become attacked by certain diseases which are particularly prone to damage the ear and permanently injure the hearing power.

The third is the liability to the production of speech affections in children, when the ear disease has led to a high degree of deafness.

There are other minor points to which I shall allude; but I would particularly have you note these three, which we may now proceed to study in detail. First, then, as regards the tissue attacked by the disease. This fact was first pointed out by Bosworth, of New York, and I cannot do better than quote his words, which run as follows:—

"From a clinical point of view, it is a very noticeable fact, in pathological processes involving the mucous membranes certainly, and probably all tissues of the body, that in youth the epithelial structures are especially liable to become the seat of diseased action, whereas in adult life this tendency seems to disappear, and in place of it there obtains a tendency to the involvement of the connective tissue structures. Thus, in the earlier years of life, we notice this tendency in the development of enlarged tonsils and follicular disease in other portions of the air tract, as well as in the vulnerability of the lymphatic glands; whereas, in adult life, inflammatory changes in the mucous membranes result mainly in true connective tissue hypertrophy . . . .

"Now this peculiar tendency in children shows itself in a notable activity in the development of epithelial cells, under the stimulation of any of those causes, whose agency we recognise in the production of inflammatory processes. Furthermore, this activity in epithelial development may result in two distinct processes. In the one we find the new epithelial cells building themselves upon the parent structures, and remaining a permanent element in the tissue. In other

words, a true epithelial hypertrophy takes place, with the result of, in the case of the tonsillar gland for instance, an hypertrophied tonsil. In another case, the same activity going on in the mucous membrane, and characterised by rapid evolution of epithelial cells, we find that the epithelium is thrown off. In other words a rapid process of desquamation sets in."*

You will understand the importance of all this when I tell you that more than half the cases of ear disease in children have an origin in morbid conditions of the Eustachian tube, produced by some naso-pharyngeal lesion, such as post-nasal adenoids and the accompanying catarrh.

The second of the ætiological factors mentioned was the predisposition of children to become attacked by certain diseases which are particularly liable to damage the ear. I allude, of course, to these specific fevers, such as diphtheria, mumps, scarlet fever, tuberculosis, and epidemic cerebro-spinal meningitis, all of which may leave behind serious affections of the middle and internal ear.

Indissolubly linked with this second factor is the last I have mentioned, namely, the tendency in children for ear affections, which have caused great loss of hearing, to be followed by loss of speech should language already have been learnt, or by an inability to learn spoken words, should the loss of hearing have occurred in infancy or in embryo.

In adults, additional ætiological factors play an important part in producing deafness, which from the nature of circumstances can scarcely come into force in younger subjects. Thus, certain occupations, *e.g.*, boiler-making and such-like noisy trades, have their quota of victims. Gout, the uric acid diathesis, and acquired syphilis likewise tend to seriously damage the aural structures; and in women, parturition, as I have elsewhere pointed out, oftentimes has an injurious influence on the ear.

In both children and adults heredity plays a most important part, for though such an hereditary tendency to deafness often does not make itself manifest until comparatively late in life, still there can be no doubt

* Bosworth. *Diseases of the Nose and Throat.* New York.

that careful examination will often show signs of failure of hearing power even at puberty.

In every case of aural disease one of our first inquiries should be directed to the family history, and the knowledge thus gained will be of the greatest use both in giving a prognosis and in treatment.

I believe that by paying attention to this subject, and taking all necessary precautions in young subjects whose parents suffer in this way, we may prevent the occurrence of deafness in the next generation, and confer a blessing upon humanity at large.

The importance of doing so I am sure you will appreciate, when I add that this form of deafness is not only most insidious but also most obstinate to treatment.

There is one other ætiological fact which I should not do well to omit.

It is abundantly proved that insanity, and, to a less extent, epilepsy and other nervous diseases in a family, predispose future generations of the same stock to congenital deafness. By this I mean, deafness due to labyrinthine disease, which is not acquired after birth, and which is one of the most fertile causes of deaf-mutism.

Consanguineous marriages likewise predispose to congenital deaf-mutism in the offspring. It is a curious fact that previous ear disease in a family does not seem to be productive of such congenital cases, at any rate unless combined with some other hereditary taint, such as those just mentioned; in fact, one may take the following statement in the classical work of Mygind, of Copenhagen, as exactly expressing the facts of the case. He says: "Deaf-mutism in many instances is a combined result of the transmission of *various influences*. These influences fall into two groups—those which originate in ear disease, and those which originate in nervous disease in the family."*

Having thus briefly touched upon some of the most important ætiological factors of ear disease in children and adults, I will now pass on to consider the various conditions which produce deafness at these two periods of life.

I must leave out of consideration congenital deformities of the auricle and external meatus, as they

*Holger Mygind, Deaf Mutism, Copenhagen,

are altogether outside the scope of this lecture, and I will only briefly discuss the more important affections of the external meatus which are liable to produce deafness.

If from long-continued eczema of the meatus, or as a result of a chronic irritating discharge from the middle ear, swelling and thickening of the tissues of the canal take place, a considerable amount of atresia may result, and thus of itself be the cause of deafness.

Such a condition is fortunately not of frequent occurrence, but in patients of a lymphatic type, and in those whose discharge is allowed to continue without the slightest effort of maintaining cleanliness being made, the atresia may reach a high degree, and cause considerable trouble and even danger to life. You will understand how this is so in cases of chronic middle ear suppuration, for any obstruction to the outflow of the pus will cause the latter to find its way into the cellules of the mastoid process and set up serious symptoms.

In this, as in all of the diseases, prevention is better than cure, and our object should be to prevent such ill results by enforcing strict attention to the cleansing of the passage and removal of all obstructing masses of epithelium and dried secretion. This is best done by ordering some drops of paroleine, or better of glycerine, in which bi-carbonate of potash to the strength of 10 gr. ad ʒi is dissolved. I would warn you not to use ordinary oil for dropping in the ears in any case, whatever be its nature. The oil rapidly turns rancid, and allows of the development of micro-organisms in the meatus, which cannot but be injurious to the parts around. Paroleine or glycerine are both aseptic and antiseptic agents, and are far preferable to oil. Another precaution regarding these cases of inflamed and swollen meatus. Before using a speculum in examining any case of ear disease, look first at the auricle and opening of the meatus, at the same time giving the parts as good an illumination as possible. If you should then find the meatus swollen and inflamed do not use the speculum at all. You will do no good, and you are sure to cause pain and discomfort and may produce an abrasion through which septic matters may gain an entrance. Under these circumstances you will scarcely get any view of the drumhead, which will give you much more information than you already possess

from observing the state of the parts around. In such cases prescribe some drops of a lotion of subacetate of lead, and give hepar sulph. internally, and you will probably find that, be the case one of primary eczema of the meatus, or dermatitis secondary to mid-ear suppuration, your patient will rapidly improve.

Whilst on the subject of diseases of the external meatus, I should not omit to mention some facts concerning circumscribed and diffuse inflammation of that passage. These two conditions differ from the first considered forms, in that the former are acute in their onset and course, whereas the form of inflammation I have already discussed is really of a chronic nature.

The treatment you will have to adopt in the two cases will be different. In both the circumscribed and the diffuse forms—the former being known familiarly as a boil or furuncle of the meatus—the symptom of deafness from obstruction of the meatus, such as was to a marked extent present in the chronic atresia first mentioned, will be entirely put into the back ground by the intense pain and suffering caused, and your chief efforts will have to be in the direction of relieving this pain. Here two remedies come to our aid—aconite internally, followed by belladonna, and locally I would advise you to use a lotion of veratrum viride of the strength of a drachm of the tincture to an ounce of water. Under such treatment, unless pus has already formed before the case came under treatment, you will probably be able to prevent the necessity of incising the swelling. For recurrent inflammation of the meatus, Dr. Houghton, of New York, whose fruitful work in the field of aural therapeutics deserves the highest praise, recommends calcarea picrata. He was led to use this drug by observing the great relief given to the pain by the internal administration of picric acid. This drug, however, did not prevent the tendency to a recurrence which needed hepar sulph. for its suppression. Acting upon Dr. Hering's statement that the combination of two remedies in a compound gives the curative action of each in a greater degree, he had the salt prepared. He says that his experience with this drug tends to confirm Dr. Hering's statement.

In cases where much atresia of the canal has been caused by these recurrent attacks, it is necessary to

dilate in order to restore hearing, or to prevent the obstruction to the outflow of pus from the middle ear, should suppurative otitis media be present at the same time.

In two cases of the latter nature I used a very fine sponge tent with complete success. The tent was soaked in glycerine and carefully introduced through the minute aperture which was all that remained of the meatus, and left in situ over night. It caused but little pain, and the next morning on removing it considerable dilatation had been effected, which in one case, at any rate, was permanent.

Having now paid as much attention to morbid conditions of the external meatus as their importance warrants us in doing in a lecture of this nature, let us pass on to consider those diseases of the middle ear in children which give rise to deafness; and of these none is so common as that brought about by obstruction of the Eustachian tube—throat deafness as it has not improperly been called.

I think you will find, in more than half the cases of deafness in both children and adults, that this blocking of the tube is the immediate cause of the trouble; it certainly is so in much more than half the cases of deafness in children alone.

The pathology of this complaint is so well-known to you all that we need spend but little time over it. Suffice it to say that the first effect produced upon the middle ear is a mechanical one, brought about by the external atmospheric pressure overcoming the decreased intra-tympanic air pressure, thus driving in the drum-head and the ossicles, and hampering the movements of the latter structures.

After a time the inflammation, which up till now has perhaps been limited to the ostium and lower part of the Eustachian tube, passes beyond these limits and reaches the tympanum. Hyperæmia of the mucous membrane and increased secretion of the mucous glands takes place, the mucus thus poured out accumulating in the cavity of the tympanum, and still more impeding the vibrations of the small bones.

Up to this point we have had to deal with a slowly progressive sub-acute malady which produces, as a rule, no other symptom than deafness.

Should, however, the patient at this stage of the complaint be attacked by a severe cold in the head or inflammation of the tonsils, the whole picture of the disease becomes changed. An acute inflammatory process is engrafted upon the venous engorgement, increased secretion from and swelling of the mucosa lead to over filling of the limited cavity, and if the Eustachian tube be impervious, as it usually is owing to the obliteration of its lumen by the general swelling of the mucous membrane, the drum-head eventually gives way under the fast accumulating pressure, and the secretion thus finds an escape.

During its stay within the tympanic cavity the mixed mucous and serous exudation may have become purulent before rupture of the drum-head takes place. Commonly, however, true suppuration does not occur until after the opening has occurred, and is then due to the entrance of septic organisms from the meatus. It is usually only in that severe form of otitis media supervening upon scarlatinal, diphtheritic or other septic forms of pharyngitis, that pus accumulates within the tympanitic cavity. You must not, however, conclude from this that in such cases specific germs enter the middle ear by means of the Eustachian tube. It is highly probable that such an event is well nigh impossible, since the action of the ciliated epithelial lining of this passage is opposed to the upward migration of these microbes. In all probability the acuteness of the inflammation is the sole determining cause of the pus formation. I mention this fact as it bears on treatment, and shows us that, provided we have remedies which can control or abort suppuration, and there is no reason to doubt that we have, we may do much to prevent such a mishap.

I have here sketched a picture of Eustachian deafness in a child leading on to the establishment of an otorrhœa, which may, or may not, according to circumstances, which are to a certain extent under our control, become a chronic complaint. I do not wish you to infer, however, that this is always the way by which an otorrhœa is brought about. Such a condition may be due to various other causes, such as the spread of inflammation to the tympanic cavity from an external otitis, or to some injury of the drum-head; or, again, in some

mysterious way—reflexly we call it, though our understanding of the rationale of its production is by no means exact—to various forms of peripheral irritation, such as dentition. You will not, however, go far astray in attributing the majority of the cases of otorrhœa you may have to treat to some naso-pharyngeal lesion acting injuriously upon the Eustachian tube.

It behoves me now to say a few words which may help you to recognise in practice such cases as I have above detailed.

In the first place, so far as the symptoms in the milder cases are concerned, you may expect to have of objective signs little else than deafness. Indeed, even this symptom may at first be so slight that it may be overlooked, and the child be simply considered by his parents backward and slow to comprehend. Sooner or later, however, the symptom will be more marked, and treatment will be sought. In such a case examine the nose and throat carefully, and you will generally find post nasal adenoids or enlarged tonsils, may be both, present.

Next, as regards the aural structures. Here you will find a condition of affairs revealed through the speculum which is perfectly characteristic.

The drum-head appears depressed and sunken towards the inner wall of the tympanum, so far as that part of it which lies below the short process of the malleus is concerned. Above this the drum-head maintains its normal position, so that two folds running forwards and backwards from the short process appear, which are characteristic of depression of the drum head. The sinking inwards may take place to such an extent that the membrane may actually come in contact with the inner wall of the tympanum and rest upon the promontory, which, under these circumstances, will appear as a pinkish haze shining through the drum-head. The long process of the incus may likewise appear as a light band running behind and parallel to the malleus.

When the retraction of this drum-head is marked the position of the malleus handle is greatly altered. It lies more obliquely in the downward and backward direction, and appears foreshortened. It may also look broader than natural owing to a twisting on its long axis. The light reflex present in the normal condition is also more

or less altered in shape or abolished. These appearances are shown in Figs. 1 and 2, the former depicting the normal drum-head, the latter retraction, so that considerable alteration in form exists.

Fig. 1.

Normal drum-head viewed through the speculum.

Fig. 2.

Retracted drum-head showing apparent shortening and increased obliquity of the malleus. Exaggeration of the posterior fold, and appearance of the long process of the incus.

If mucous secretion or serous accumulation be present in the tympanic cavity its position can be seen in many cases, especially after performing inflation of the middle ear. The lower part of the membrane has a yellowish tinge, and often looks bulged forwards. The upper border of this yellowish tinge is usually well defined by a darkish line, not unlike a hair stretched across the meatus. This is the upper surface of the fluid applied to the drum-head, and occasionally this line shifts its position with varying positions of the head, and inflation may cause small bubbles of the fluid to appear as little dark spots behind the drum-head. The upper surface of the fluid is rarely quite straight, usually being concave upwards.

I have told you that the above process is usually not the cause of any acute suffering to the patient, and that deafness is the only symptom present, as a rule, so far as concerns the ear. It is quite otherwise, however, with that form associated with abscess formation, or where the accumulation of fluid within the tympanic cavity causes pressure on the drum-head. Such conditions are the cause of the most acute suffering, so much so, that at times the severity of the illness may closely resemble the symptoms of meningitis. I mention this to you as such mistakes are by no means infrequent, and, without examining the ears, impossible to avoid. With the establishment of the otorrhœa the

symptoms markedly abate or disappear entirely, and the little patient who but a short while ago was considered almost at death's door, is sitting up and playing as cheerfully as ever.

At times, however, such a favourable ending as this does not take place. You must all have seen cases of abscess in the middle ear leading to suppuration in the mastoid cells, and occasionally causing meningitis or lateral sinus thrombosis and death. Such cases are unfortunately all too common, but of them I will not further speak now, as I intend dealing with them in a subsequent lecture.

(To be continued.)

ABSTRACT OF A POST-GRADUATE LECTURE DEMONSTRATION.*

By J. Roberson Day, M.D., Lond.,

Physician for Diseases of Children to the London Homœopathic Hospital.

Gentlemen,—The patients I hope to show you this afternoon I have selected from my out-patient clinic as exhibiting some of the rarer and more interesting forms of diseases of the nervous system in children. Two of these patients have been under my observation for a considerable time, both as in-patients and out-patients, and I may say there is no class of disease which needs greater watching than these nervous cases before making a diagnosis. The first case, John S., age 3, is an illustration in point. His family history was irreproachable, both parents living and well, and 10 other children living and in good health. All went well with this boy till Easter, 1896, when an elder brother took him out on the bank holiday and "treated him" to sundry pleasures, including a "merry-go-round." On his return home a not unnatural result followed; he was sick 2 or 3 times, the notes say, and on May 13, admitted under a colleague, with sickness and difficulty in walking. On May 26, he was discharged.

On June 9th, 1896, he came to my out-patient department with great difficulty in walking and history of

* Delivered at the London Homœopathic Hospital on June 9th, 1897.

frequent vomiting, but no pain whatever. I at once re-admitted him, and the note says, on June 14th, "Falls on trying to walk;" and another says, "Soon after his return home he again became sick, but he has not vomited since admission." It is interesting to note that though the vomiting was cerebral in origin, yet it depended to some extent on the nature of the food he partook of; whilst the child was in our hospital food was given which was suitable, and therefore he retained it much better than when at home. Still even here he vomited now and then (*e.g.* on June 25th and 29th), but the vomiting was not like ordinary gastric vomiting, it was sudden and unattended with any loss of appetite. On June 15th I examined his discs and found he had double optic neuritis. Mr. Knox Shaw kindly confirmed this diagnosis. He had no albuminuria to account for it, the urine being normal except for a slight excess of phosphates.

The third symptom—the unsteady gait—became more marked as noted on June 25th, and again on July 13th. We also noticed a fourth symptom whilst he was with us. Very trivial causes would upset his emotional equilibrium, he would cry for joy when the nurse brought him an egg! These were the only points upon which we could make a diagnosis. In all other respects he appeared bright, happy and well. The casual visitor to Barton would remark on his healthy appearance, and yet he was the subject of a grave organic disease.

Now the symptoms of intra-cranial tumour fall under two heads—(i.) general and (ii.) local.

I.—General.

Headache.
Optic neuritis—whatever the seat or nature of lesion.
Mental disturbance.
Vomiting.
Vertigo.

II.—Local.

Paralysis of various nerves.
Convulsions.
Sensory disturbances, either increase or decrease of sensation.

In our patient we have only general symptoms to deal with; there have never been any local or fœcal

symptoms to help us form an idea as to the situation of the lesion, and I may here add that an intra-cranial tumour may exist without causing *any* symptoms and only be diagnosed post-mortem. It is quite possible local symptoms may subsequently develop; but fortunately for the boy his condition has steadily improved, and when I re-admitted him for further observation last April I found his optic neuritis had entirely disappeared, and as you see he can walk alone, although with a somewhat unsteady gait. He is bright and intelligent, but still somewhat emotional. He has never had any headache, which is remarkable, as this is perhaps the most constant symptom.

Dr. Gowers, has classified intra-cranial tumours under seven heads.

1. Diathetic (tubercular and syphilitic).
2. Sarcomatous (glioma, sarcoma, myxoma).
3. Carcinoma.
4. Osteo-fibroma (fibroma, osteoma).
5. Miscellaneous. (Cholestratoma, lipoma, vascular, psammoma, neuroma.)
6. Parasitic. Echinococcus, cysticercus.
7. Simple cysts.

[These various kinds were briefly described and discussed, the probable diagnosis in the case shown being either tubercular or syphilitic.]

The treatment has been ars. iod., 3 gr., three times a day, on the assumption that we were dealing with a tubercular growth, and it is satisfactory to say he has improved under this. Should he relapse, I should feel inclined to give some iodide of potassium; but as I told you at the beginning he has an exceptionally good family history, and so there is no help to be obtained from that source.

The next patient I have to show you exhibits an even rarer form of disease—Friedreich's disease. It is essentially hereditary, and hence also called hereditary ataxy. It runs in families, by preference limiting itself to the males only, but sometimes, and less frequently, the females only; or, as in a family described in a recent issue of the *British Medical Journal*, both males and females may suffer. It is a disease which shows itself first in childhood, at school, or as in my patient as early as 4½ years.

I may remind you of the pathological anatomy, which consists in a sclerosis of the posterior and lateral columns of the cord, which I will endeavour to represent on the blackboard.

The symptoms of the disease are inco-ordination in the legs and arms, which may seriously interfere with walking; jerky movements of the head. The condition of the knee jerk varies; it may be normal, or absent, or even increased. The speech is hesitating, the words being what is described as "scanned." Nystagmus may be present. It must be carefully distinguished from locomotor ataxy, to which disease it has some resemblance, but there are never any lightning pains or gastric crises. The pupils are normal, and never exhibit the Argyll-Robertson phenomenon.

Before I introduce the boy I will read some extracts from the notes taken while he was in the Hospital. His age is 4½ years, and he was admitted on June 3rd, 1896. His parents are both healthy, father's age 38, mother's 32; there are four other children, females, who are healthy. He is the fourth in the family, and the only boy. There is no history of paralysis or any other disease of the nervous system in the family. He was brought up on the bottle, and his teeth came normally. He has had measles, varicella, whooping cough, mumps, and eczema, but for the last 18 months he has been quite well. He has always been backward in walking and talking, but for the last three months or so he has shown an increasing unsteadiness in walking.

When admitted he was quite unable to walk without assistance. While he sits up in bed there is a constant nodding movement of the head. The reflexes, superficial and deep, are all present.

Pupils react to light and accommodation. There is no nystagmus. The fundus oculi is normal. He is unable to feed himself.

Last April I saw him and found his condition much improved. He can feed himself and walk alone, but with a very unsteady gait, and has many falls. Closing his eyes does not increase the unsteadiness. Mentally he is very quick.

We will now introduce him and you can see for yourselves his unsteady walk; but he does manage to get along though he has many tumbles in the garden at

home. The knee jerks, you see, are both present and, as he sits here, if I tell him to close his legs and with his out-stretched arm quickly to touch his nose you see the wavy unsteady movement in the arms. Also you will observe that his head is not kept steady but is frequently jerking. Notice also that the pupils are semi-dilated and react to both light and accommodation. You see he is in no pain and takes his troubles lightly.

Now as regards the treatment. We gave him gels. 1x when he first came in and this he has continued to take; in addition, as he is somewhat excitable at times, he has had bell. 3x and he has certainly improved.

The prognosis is not hopeful as regards recovery, but the disease does not seem to shorten life greatly. I can find no other case in homœopathic literature, but since this boy has already improved let us hope the outlook for him will be more favourable.

PHOSPHORUS CASES.

By Andrew M. Neatby, L.R.C.P., etc.

1. Dyspepsia.

Mrs. P., aged between 55 and 60, a widow. 14th March, 1896. This patient complains of very severe vertigo on rising in the morning. She has pain over the front of the chest immediately on taking food. There is at times tenderness over the stomach. No swelling has been noticed, but she is very intolerant of pressure round the waist, and there is a sense of repletion after even a small quantity of food. She is subject to constipation and piles. Defæcation causes smarting, and is followed by exhaustion. There is considerable nausea. She has a decided taste for animal food. She has taken hot water to relieve the symptoms, and thinks it has had some effect. There is nothing conspicuous about the tongue, but there is a sour taste in the mouth on waking. She is very far from robust, and complains of faintness, exhaustion and coldness of the extremities. She is drowsy by day. She is not much troubled with headache now, but has been so formerly. She complains of palpitation. Phosph. 6 pil. iii. n. and m.

17th March. There is less vertigo. The pain after food is less frequent. There is less tenderness of the

stomach and less faintness and exhaustion, and less drowsiness. Very little fulness after food. Continue.

21st March. The improvement continues steadily. There is now less distress after defæcation, though the bowels are not yet acting freely. The nausea and the palpitation have disappeared. The patient complains of some pain between the shoulders. Continue.

24th March. Great improvement. The bowels are acting better and the distress after defæcation is much less. Continue.

28th March. There is still a steady improvement in the dyspeptic symptoms. Sulph. 12 pil. iii n. and m.

In about ten days from the last date the patient was quite free from dyspeptic symptoms, and now (27th May, 1897) has continued free from them ever since, with the exception (if such it can be called) of a threatening of relapse a few months ago. Phosphorus was promptly administered, with a perfectly satisfactory result.

2. Præcordial pain and dyspnœa.

Miss R., aged 12. 11th May, 1896. The patient has been suffering from præcordial pain for three weeks. Some time ago she used to be subject to such attacks. There is aggravation on making exertion, but no immunity during rest. There is aggravation on deep inspiration. She has been troubled with dyspnœa for four years. The appetite is good, the bowels regular, there are no dyspeptic symptoms, and she sleeps well. She is subject to a throbbing headache over the left eye, which is worse on going to school. There is some palpitation after taking hot tea. She has suffered from prolonged weakness. Has never had rheumatic fever. There is no morbus cordis. Phosph. 3 n. and m.

14th May. Much less pain and dyspnœa. No headache since beginning the medicine. Feels a little stronger. Continue.

21st May. Improvement continues. Feels stronger. No dyspnœa. Continue once a day.

25th May. Quite well.

3. Threatened phthisis.

Miss C., aged about 12. 22nd May, 1896. This patient has had a cough for about three months. Coughing is provoked by some irritation under the

upper part of the sternum. There is no expectoration. Pain is felt in the right side of the chest on coughing or on taking a deep inspiration. For two or three months she has been losing flesh and strength, and her friends have noticed that she has been feverish at night. There is some pallor noticeable now, but the patient has been observed to be flushed late in the evening when asleep. There has been no night sweating. Patient has been growing rapidly, and catches cold easily. One of her sisters died of phthisis. The appetite is poor, the bowels slightly confined, and there is some headache on the vertex which is aggravated by the cough. There is some falling in of the chest wall under the right clavicle, otherwise physical examination is negative. Phosph. 6 pil. iii n. and m.

27th May. The pain has disappeared. The cough, the irritation provoking the cough, and the headache are better. Continue.

3rd June. No pain. Cough better. The face is filling out and the patient is stronger. Continue.

18th June. Has been away for a week. Before leaving the cough had nearly disappeared, and during absence she has not coughed at all. The patient feels stronger, and her friends have noticed a very marked improvement in general health. Phosph. 6 pil. iii once a day.

27th May, 1897. No return of symptoms.

4. Nervous exhaustion.

P. N., a lad of about 14. 29th May, 1896. Patient fainted in chapel on Sunday, owing to pain in the spinal column about the level of the waist. He only feels this pain on Sunday, and it is especially severe when standing in chapel. He has had it from four to six weeks. Appetite good. Sleeps all night, but his sleep is not thoroughly refreshing. The bowels act regularly. He complains of headache, generally situated in the forehead, as if a great weight were pressing it. He studies hard, and is growing fast—2¼ inches in five months. Sulph. 6 gr. i. n. and m.

5th June. Patient better. Feels little inclination to faint. No cephalalgia since last visit. Still troubled with pain in the back. Phosph. 3 n. and m.

12th June. Quite free from pain in the back and faintness. Continue.

27th July. I was again consulted, as the patient seemed to be going back. There has been no fainting, but he often feels faint, as if he were going to lose consciousness. There is a sense of weariness and loss of energy and cheerfulness. He gets tired very easily. Though not timid, he shows some aversion to solitude. There is pain in the lower part of the back as if the spine were broken. This pain is worse on moving. He also complains of a weary aching in the back and sometimes in the knees. He feels as if the popliteal tendons were drawing the leg up. There is a marked deterioration of memory. There is an occasional sensation as if something burst in his head, followed by a taste of blood in the mouth. He is always worse on Sundays. There is dull aching over the vertex, aggravated by movement and disappearing altogether when lying down. He sleeps all night, but is unrefreshed. He does not dream much. He is listless and irritable without any cause that his friends can discover. Phosph. 30 pil. iii n. and m. It was ascertained that the boy practised masturbation, which, it is believed, he discontinued.

3rd August, 1896. Decidedly better. Repeat.

17th August. — Scarcely any backache or other symptoms now. Repeat. The improvement seemed too prompt to be due simply to the discontinuance of the habit.

My attendance ceased here, but on attending another member of the family some time later I learned that he was keeping quite well.

5. Marasmus.

J. F., girl aged 15 months. 9th July, 1896. Has been wasting for about a month. Previously she had never had a day's illness. Has been noticed to pick her nose very much. The respiration is laboured and sixty per minute. She has had measles, from which she is said to have made a good recovery. There is now a good deal of bronchitis. The cough is loose. The bowels act irregularly and the motions are offensive, the smell being described as earthy. The appetite is poor. The child sleeps fairly

well. She seems very exhausted after the cough. Phos. 4x ter.

16th July. Yesterday the child began walking again after four or five weeks' interval. There is less picking of the nose. The appetite is improved. The bowels are acting regularly. The cough is less frequent and less exhausting. Continue.

20th July. Does not cough more than once or twice a day, and then not very violently. Does not seem exhausted after the cough as she did. The motions are getting more healthy in colour. Continue.

27th July. Coughs very seldom indeed. The exhausting character of the cough is entirely gone. The motions are less offensive. Phos. 4x n. and m.

6th August. The cough is gone and the bowels are regular.

Sutton.

"POLY-HYDRAMNIOS."

By T. E. Purdom, M.D.

A brief note on the above condition may be interesting, as it certainly is not very common, judging from my own practice.

Mrs. W., æt. about 30, had a normal first pregnancy which ended in July, 1896. The second pregnancy commenced three or four months after the birth of the first child, and while still nursing. The catamenia had returned as usual.

On the 13th May I was sent for, and found Mrs. W. in the following condition: Pregnancy advanced just over six months. The patient had an anxious, distressed look, and the reason was not far to seek. The abdomen was distended to its utmost capacity, specially on the right side, where the superficial veins were seen much distended. Respiration was difficult, and there was considerable pain in the chest.

The right leg was very much swollen in its whole length; the left slightly so.

The appearance suggested a rapidly growing ovarian cyst, complicating pregnancy, or a possible ascites. There was no albumen in the urine.

Fortunately for the patient, labour pains had commenced, and a vaginal examination found the os rapidly dilating. The pains were abdominal, the patient being powerless to help them in any way from the great distension. The swelling had almost visibly increased during the day, though this had begun suddenly two weeks before, so as to be quite noticeable in two days. The increase began with pains in the back, which had kept coming off and on during the fortnight, ending in labour. Sickness returned during that time and increased with the swelling.

The bowels had been regular. The urine very scanty.

It was evidently the right treatment to rupture the membranes as soon as possible. This I did with a blunt hook, as they resisted all attempts with the finger. The gush of water which followed was very great, as if a reservoir had burst its embankments!

The relief was immense and without any collapse. Labour pains followed rapidly, and soon a perfect female child was born and alive. It lived for three hours. A second female child soon followed in a small bag of its own. This one was dead, though perfect, save for a flattening of the cranium. Then followed one large placenta with its two cords, and the mother was delighted to have her first child still as the baby!

Ergot was given, and pressure was kept up for some time, as there was more danger of atony and hæmorrhage. Recovery was perfect.

The literature of poly-hydramnios indicates it as more common in twin pregnancies, and these of the female sex. Monstrosities are more apt to occur in such a condition. It may be present in one ovum and not in the other, as in this case.

Its ætiology is not very clear. Some say it arises from the "vasa propria" capillaries remaining open longer than usual. Some blame disturbances in the mother's circulation. Jervis speaks of inflammation of the amnion, or a diseased condition of the decidua, or a dyscrasia of the maternal blood as possible causes. It may be acute or chronic, and does not usually appear before the fifth or sixth month of pregnancy.

Croydon.

HOMŒOPATHY ACCORDING TO *THE PRACTITIONER.*

Dr. Leech, in his article in the *Practitioner* (June), *The Progress of Therapeutics in the Victorian Period*, says that "the therapeutic history of the ten years ending 1847 would hardly be complete without an allusion to homœopathy." He accordingly tells his readers that, in 1836 the doctrines of Hahnemann "had manifestly many believers in this country. In that year," he continues, "a discussion took place on Hahnemannism at the London and Westminster Medical Societies. The new doctrines were vehemently attacked by Todd, Thomson, Addison and Clutterbuck; but, on the other hand, three or four other members asserted that they had seen good effects produced by homœopathic medicines, and several papers were published by Epps and others recording cases treated successfully by homœopathic medicines." The four physicians, whose names are mentioned as those of members vehemently attacking the new doctrines, were gentlemen who did so without the slightest experience or observation of cases treated homœopathically. When Dr. Uwins, one of the physicians who testified to what he had seen, spoke of the good effects of aconite, and the revolution in the therapeutics of that day which it was destined to effect, Dr. Clutterbuck, the eminent physician of the London Fever Hospital, said that "there was something shocking in an old and respected member of their society anticipating a time when lancets would rust in their cases." What are they doing now? Mr. Kingdon, a surgeon largely engaged in general practice in the city, who, up to the time of his death practised homœopathically more or less—and largely more than less—in concluding his paper at the London Medical Society, said: "After what I have seen, or, if you please, what I fancy I have seen, I feel that it is the duty of every medical man to look into it (*i.e.*, homœopathy), for it is certain, either that a number of cases do better without medicine than with, or that these unimaginable doses of carefully prepared medicines do impress the nerves so as to influence the actions of life." At the conclusion of the discussion, a resolution was proposed by Dr. Clutterbuck, and seconded by Dr. Johnson—neither of whom knew anything or had seen anything of homœopathy—to the effect that homœopathy was unworthy of consideration. In this they were supported by the majority, who were in the same condition of ignorance as they were, but, in deference to those members who, like Dr. Uwins and Mr. Kingdon, having seen somewhat of homœopathy, were convinced that it was the duty of all medical men to look

into it, the resolution was withdrawn, on the understanding that the subject should never again be mooted in the Society! A report of the meeting is given in the *Lancet* of November or December, 1886.

Dr. Leech further says: "It seems probable that the number of believers amongst the laity continued to increase for nearly a quarter of a century, and even for many years after this the homœopathic doctrine, and the belief in the infinitely little in medicine maintained its popularity. But there can be little doubt, during the last twenty years, its hold on lay minds has gradually lessened."

That Dr. Leech's wishes are father to his thoughts, on the popularity of homœopathy, is rendered evident by the recent rebuilding of the London Homœopathic Hospital at a cost of £45,000; and the still more recent fact, recorded in our last number, that at the Victorian Commemoration Banquet a further sum of £7,122 was subscribed for in the course of the evening. People do not subscribe money so freely as this to assist in the development of a therapeutic method in which they have lost confidence—in the support of "a decaying faith"—which we remember to have seen homœopathy described as being some years ago!

The influence of homœopathy on the practice of medicine has, Dr. Leech thinks, "been probably exaggerated." On the contrary, this influence has, we are certain, been greatly under-estimated. It permeates the whole practice of medicine, as any intelligent student of Ringer, Bartholow, Lauder Brunton, Bruce and others may easily see for himself.

It is true—and glad we are that it is true—that the violence and coarseness of expression which characterised the attacks upon homœopathy in the *Lancet*, *Medical Times*, and *British Medical Journal* of some years gone by, are no longer to be met with. It is no longer possible for the *Lancet* to seek popularity with its subscribers by uttering such a curse upon homœopathic patients as it did on the 2nd of February, 1856. Wrote the editor on that occasion, "Our wishes *for the patients of homœopathic physicians* are not so seemingly merciful, and we are prone to utter such imprecations on them as would make the shade of Ernulphus walk disturbed. May your vigour of mind and body fail, your bones decay, your limbs be eaten by disease, your joints stiffen and be everlastingly immovable." No one, however, seemed "one penny the worse," so leaders in medicine abandoned cursing the patients of homœopaths and slandering their medical attendants, and fell back upon reading homœopathic medical journals and Hughes' *Pharmacodynamics*, to seek

reputation through the discovery of remedies new to the bulk of the profession, but old enough to homœopaths. The plan was simple, and somewhat after the political method known as "dishing the Whigs." It has to a great extent been successful, and when these would-be "original" observers have learned the conditions under which their poached game can be thoroughly cooked—they will be largely equipped as homœopaths!

REVIEWS.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera-morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels. By JAMES B. BELL, M.D. 4th edition. Philadelphia: Bœricke & Tafel. 1897.

IT was in 1869 that the first edition of this work saw the light, and in a short time "Bell on Diarrhœa" became, medically speaking, "a household word." If Dr. Bell's book is less known now than by homœopathic practitioners of 20 years ago, we feel inclined to say that it is rather a sign that prescribing is done to-day in a more hurried and routine manner than formerly. No person of extensive practice is satisfied with the results which are yielded by an empirical homœopathy, if the term is permissible, in "loose evacuations of the bowels." Perhaps there is a danger of becoming willing to remain dissatisfied on account of the time and trouble required for careful and individual prescribing. Against these should be placed the results, for time and trouble will ultimately be minimised by the rapidity and thoroughness of a quickly curative prescription.

In the preface to the first edition, Dr. Bell informs us that his little labour-saving treatise "has not been intended to include every remedy that has been known to purge, but only every remedy of which enough is known, either of its stools, or conditions, or concomitants, to distinguish it from any other remedy." This is just the point, and on this depends success or failure.

In glancing over works of this kind we confess our tendency is to enquire where all the symptoms in the text and the index (Repertory) come from, and to reject all those which are not strictly pathogenetic. But here the "higher criticism" has no place. In a difficult or uncertain case we turn with the confidence born of long experience to "Bell," and find with comparative ease, substantial and reliable aid. For the benefit of those not acquainted with our author, it may be

stated that the first 204 pages consist of the description of the action of 140 drugs on the bowels, with aggravation, relief, conditions and concomitants. Another hundred pages furnish a Repertory—the part most often turned to in looking up a case in the busy practice of every day.

We hope our readers will soon make personal acquaintance of this little book.

MEETINGS.

COMMEMORATION BANQUET.

The Viscount Emlyn (treasurer) presided over a banquet at the Hotel Cecil, on May 26, to commemorate the "Diamond Jubilee," by completing the building fund of the London Homœopathic Hospital. There were present:—Mr. and Mrs. A. Ridley Bax, Mr. and Mrs. Beecroft, Dr. and Mrs. Bennett, Dr. Galley Blackley, Dr. T. W. Blake, Dr. Victor Blake, Mr. Josiah Booth, Mr. and Mrs. A. Boulton, Mr. Sydney Brooks, Colonel and Mrs. Clifton Brown, Mr. E. Clifton Brown, Miss Clifton Brown, Dr. Dyce Brown, Dr. Burford, Dr. and Mrs. Burwood, Mr. J. O. Butcher, Mr. Watson Caldicott, Mr. and Mrs. Callard, Mr. Allen E. Chambre, Mr. Belle Clancy, Dr. George Clifton, Madame Belle Cole, Mr. Stanley Cooper, Miss Couch, Rev. and Mrs. Dacre Craven, Mr. and Mrs. G. A. Cross, Mr. and Mrs. W. M. Cross, Mr. Sydney Cross, Mr. and Mrs. W. E. Cross, Mr. W. S. Cuff, Captain Cundy, Captain and Miss Davies, Dr. and Mrs. Roberson Day, Mrs. Drew, Dr. and Mrs. Dudgeon, Dr. W. Epps, Mr. Sydney Gedge, M.P., Mrs. Gedge, Dr. and Mrs. S. Gilbert, Mr. and Mrs. Gillespie, Dr. Goldsbrough, Signor Guetary, Dr. E. A. Hall, Mr. H. Harris, Mr. R. Harris, Mrs. Hughes, Miss Hunt, Miss Edith Hunt, General Hutchinson, Mr. and Mrs. A. M. Jay, Mr. and Mrs. Johnstone, Mr. and Mrs. C. Kelly, Miss Kennedy, Dr. and Mrs. Kennedy, Mr. H. J. Kluht, Mr. and Mrs. Lambert, Mr. E. H. Laurie, Miss Laurie, Miss Lea, Mr. and Mrs. C. Layton, Miss Lewis, Dr. MacNish, Mr. H. Manfield, Dr. Marsh, Mr. F. J. Mirrielees, Dr. Byres Moir, Mr. James Moir, Dr. Edwin A. Neatby, Mr. and Mrs. Patrick Ness, Dr. and Mrs. Newbery, Dr. W. T. Ord, Mrs. Robert Orr, Mr. R. A. Owthwaite, Mr. and Mrs. W. Pite, Mr. and Mrs. Pollendine, Dr. Powell, Dr. Cash Reed, Mr. and Mrs. E. Roche, Mr. Raphaël Roche, Mr. and Mrs. A. Rosher, Dr. Ross, Dr. and Mrs. Leo Rowse, Dr. and Mrs. Sanders, Dr. Shackleton, Miss E. Shackleton, Mr. Knox Shaw, Miss Maud Shaw, Miss

Grace Simon, Mr. and Mrs. G. Smith, Mr. J. P. Stilwell, Miss Alice Stilwell, Mr. L. M. Stocken, Mr. and Mrs. Stretton, Mr. E. H. Thirlby, General Thomson, Mr. A. Watkins, Dr. and Mrs. C. Wheeler, Mr. and Mrs. Perrin, Mr. William Williams, Mr. A. Williams, Miss Williams, Mrs. Willis, Mr. and Mrs. Dudley Wright.

Lord Emlyn, in proposing the toast of "The Queen," said: Ladies and gentlemen,—My first duty is of course to submit to you a toast always received with acclamation by every kind of people who claim to be British citizens. But this year more than before in thinking of that great celebration—the celebration of the sixtieth anniversary of her glorious reign—we look back through those long years and see from year to year and from day to day that Her Majesty has gained a hold on the people which no sovereign of England has ever done before. We look back on those years, some of sorrow and some of happiness, and we all wish her every blessing, and tender to her our loyal thanks, our gratitude, and our love for the good work she has done for the people committed to her charge. (Applause.) I ask you also to drink to the health of the Royal Family. We know the good work they are doing. They have guided the stream of national charity in the channels that carry most good to the deserving poor. Her Majesty, we know, expressed the desire that her Diamond Jubilee should benefit those who need it most. She did not wish to circumscribe or direct the course of the celebration, but with true womanly sympathy she expressed the wish that in whatever way was thought to be the best the suffering poor should be relieved, and then with unerring judgment the Prince of Wales initiated the great fund which bears his name. (Cheers.) Then we have the Princess of Wales following up in the same line and expressing the wish that the poorest and weakest should not be forgotten in this year, and that our celebration shall also be extended so that it shall also be a celebration for them. It was a truly womanly suggestion, and one that appealed to us all. (Hear, hear.) We couple together the whole of the Royal Family and we cannot forget our own patron. (Cheers.) We know well what the Duchess of Teck has done in the past. Many of us have been personally cognisant of the services she has rendered. We have watched with distress the course of illness which has recently affected her, and it has been our happiness to see her gain in health and strength. Now, to-night we are celebrating our Queen's Jubilee and trying to pay our debts, I am not at all ashamed of trying to pay the hospital debts, and I hope to-night we shall rise feeling we have made a very big step forward in that direction. Our Queen has given us

advice to help the poor, and the best way we can do this—we who believe that homœopathy is of enormous value—is to clear off the debts of the hospital and put it on a sound financial basis. (Applause.) I think we, as homœopathists, shall have done the best thing in our power to carry out what our Queen has asked us to do in this Jubilee year. After this toast has been honoured we will have the pleasure of hearing rendered an ode which has been written for the occasion, the music of which has been composed by Mr. Josiah Booth. We are very grateful to the artistes who are helping us to-night, but we feel that we are singularly fortunate in another respect. It is not every hospital which, in addition to a medical staff and surgical staff and a staff of nurses, possesses a poet as well in the person of its secretary-superintendent. But so it is with us, and you will see for yourselves how doubly fortunate we are. And now, ladies and gentlemen, I ask you to drink the health of our Sovereign and the Royal Family.

The toast was drunk with great enthusiasm, after which Madame Belle Cole sang the ode to which Lord Emlyn had referred, and which had been specially composed for the occasion by Mr. G. A. Cross, the secretary-superintendent. Madame Belle Cole was in splendid voice, and the words and music were alike rendered with all the expression of a great artiste. The words of the ode are as follow:—

VICTORIA! BELOVED!

Victoria! Beloved!
And Queen by Grace Divine!
How shall be sung its glories—
This wondrous reign of thine?
Ask if the people love thee,
And why, in joyous pride,
Loyalty fills thine Empire—
A high and throbbing tide.

Not for thy might of armies,
Defeatless though they be!
Not for thy glorious navies,
That ride on every sea!
Not for thine Empire, vaster
Than e'er the world has known—
But for the Bonds of Freedom
That bind us to thy throne.

Ay! for the Bonds of Freedom
That grip in grateful band
Many a race, of many a faith,
In many a distant land;
And for the just and loving rule
Thy sixty years have seen,
Ay! for the tender Woman's soul
Above the might of Queen.

The sturdy, restless Saxon,
And Afric's hapless child;
The fiery son of Islam;
The Redskin, proud and wild;
The mild and supple Hindoo,
Beneath his gods of stone—
Look to the Great White Mother
That sits on England's throne.

Long may she reign! the peoples cry,
Long!—tho' the days be late,
Long may she reign! if God so will,
To guard her Empire's fate.
And for the First in all thy realm—
Our king that is to be—
Well may he lead the peoples' glad
Prophetic Loyalty!

Victoria! Beloved!
And Queen by Grace Divine,
Aye through the rolling ages
Thy name and reign shall shine!
As far-off sons of Britain
Thy memories adore,
And brighter than Imperial Crown
Be thine for evermore.

Such a stirring ode as this was sure of a great reception, and it certainly received it, and both author and composer are to be congratulated upon its success.

Lord Emlyn then moved the toast of "Prosperity to the London Homœopathic Hospital." He said: Ladies and gentlemen,—In moving this toast I am bound to say that I am very glad indeed to propose the toast, and to be able to say that I think the hospital is prospering well. If you ask me to give some reasons for saying this, I shall have to trouble you with many. Some of you know them all, but many of you don't know the reasons. First of all I must ask you to bear with me while I tell you what we are doing. In 1896

we had 1,081 in-patients, and during the ten years before that the yearly average of in-patients was 684. Therefore we are doing a great work with regard to in-patients. Now with regard to out-patients. The average for ten years before 1896 was 8,000; in 1896 the number was 14,500. (Applause). Therefore the work we are doing amongst in and out-patients shows we are doing good and useful work. I think those of you who have gone over the hospital, as well as those who are our most earnest supporters, will alike bear testimony to this, that so far as our wards are concerned, they compare very favourably with those of any hospital in London, not only in regard to being up to date, but in regard to their homelike, cheerful and bright appearance. I will ask you to go into the children's ward and see what a beautiful appearance it presents, and how cheerful and bright everything is; and the same thing will be found throughout the hospital. With regard to the nurses, I think we may properly lay claim to being second to none. They are most carefully and efficiently trained, and those who have completed their training in the Homœopathic Hospital are fit to be compared with those who come from any hospital in England. Now, unfortunately, I am the treasurer of the hospital, and some very earnest ladies who are such excellent supporters of our institution are most careful in cross-examining me as to what we are doing in the regions of finance; and when you are cross-examined by ladies in this respect you have to be uncommonly careful. One of the largest hospitals in London is costing for maintenance £82 per bed. Now you know that the higher the number of beds the less costly it is to work them—that is, you can exercise more economy when you are providing for several hundred beds than you can in providing for one hundred. Well, in spite of this fact that one of the largest hospitals is costing £82 per bed, our hospital, with just one hundred beds costs only £78. Therefore, ladies and gentlemen, you can see that we are not extravagant. (Hear, hear.) But, on the other hand, we have a medical staff who are most exacting in their requirements. They must have everything absolutely up to date. It is the same in other hospitals—the medical staff generally have their way, and so it is with us, and in the Homœopathic Hospital you have an institution which is thoroughly up to date, and I beg therefore to congratulate you in this respect. Some little time ago I had to ask that a special general meeting should be called to consider the financial aspect of the hospital, and we had then to face a debt of £6,000 on the building fund. Our secretary-superintendent is a man of a most hopeful disposition, and his prophecies have a

fortunate way of coming true, and he assured me some time ago that he was going to wipe out this debt. Well when we had our special meeting we had a debt of £6,000, and we had to make arrangements to borrow the sum unless we could persuade our friends to free us from that necessity and clear us. One gentleman who has already given us £2,000, told us that when we had got all but £500 he would give us funds to make up the last £500. To-night we want to see all but that £500. My hope is that this evening when we leave this room we shall leave our hospital absolutely clear of debt. (Hear, hear.) What has been done in the way of financial assistance to the hospital has been done to an enormous extent not by those who have a scanty knowledge of the working of the hospital, but by those who are often there, and who know the work, the difficulties and the value of the work that is done. I think that is one of the most satisfactory things we have had to deal with in connection with the hospital. (Applause.) I should like to express on behalf of all connected with the hospital our heartfelt gratitude to all those who have helped us during the last five years. When it was broken to me that I was to preside to-night, I was wondering whether I should be here in the position of a Chancellor of the Exchequer with a large deficit or a large surplus in hand. Well, to-night I feel in the position of a Chancellor who has had a successful year, or the chairman of a large commercial undertaking who has not to make a speech but simply to declare a dividend. Now, there is another side to all this which I am not going to avoid. In addition to the building fund debt we have incurred, which we discussed at our special meeting, we have had to face the fact that for some years our expenditure would be greater than our income. You cannot launch a big hospital and at the same moment increase your income. We have taken steps to deal with this up to 1898, and we hope gradually and steadily to pay off this, and to put our expenditure and our income account on a firm and sound basis. I think what we have learned during the last two or three months shows us that the friends of homœopathy in this country have a strength behind them that will carry us through. But before we bid farewell altogether to our building fund, I want to say one or two words to you about it, because it is necessary that we should know what has been done in this respect. First of all we had a very modest proposal as to the building of a hospital. Then some of our friends gradually widened their ideas, and instead of a very modest proposal we got to a proposal which brought upon us an expenditure of £48,000. Some people ridicule the existence

of homœopathy, but if you have any friends of that turn of mind you might induce them to go to our hospital and criticise it as best they can, and bring a medical man from another hospital, and then tell them that this hospital has not a penny of debt—(cheers)—that it is a freehold; that it has cost £50,000, and that this sum has been raised within five years, and then ask them if they think there are no homœopathists in England. (Applause.) This result is a very startling one. Look back, those of you who can, to 1827. I am told that there was but one homœopathic medical practitioner in England; I won't venture to say how many there are now. In the last five years we have built a hospital to cost £50,000, freehold and unencumbered, and as I said just now the largest givers are those who know the hospital best. There is "A Friend well known to the Hospital." That lady visits the hospital perpetually. In all, she, knowing everything about the hospital, and being one of the keenest critics, has given us £11,000 for the building. There is my friend Captain Cundy, who is one of the best friends the hospital has ever had. He is not only a keen critic, but a man who is ready at all times, at any moment, to take up any needful office. He is Vice-Chairman of the Board, and in the absence of our good friend, Mr. Trapmann, he is acting chairman of the House Committee, and Acting Vice-Treasurer. So you see he is a sort of Lord High Admiral of everything. (Laughter). But the work he does is really past all praise. If any one of us is hard worked, Captain Cundy is always ready to step into the breach and do the work. But not only does Captain Cundy do so much work, but he appreciates us so much that he has recently given us £750. I think I am right in saying that Dr. Washington Epps, through a relative of his, has brought us £2,000. Colonel Clifton Brown has given us numerous gifts. The oldest friend of the hospital has given us £2,000, and her sister has given us £2,500. I cannot quote everyone who has given, it would be impossible to do so. What I want to press upon you is this: They are not outside people with a large amount of money which they wish to squander, but have taken the trouble to select this hospital. They are people who know and value the great good we are doing in the hospital. Then there is a member of the board, Mr. Ridley Bax; he, some years ago, endowed a bed with £1,000, but now on this occasion he has endowed a cot by a gift of £750 more. (Cheers). That is satisfactory in itself, and we are very grateful for it, but more grateful for the words he has said of us, for in making this gift he says that both he and his wife—he being an active

member of the hospital committee—are struck by the open and straightforward manner in which everything is done, and from their knowledge they have desired to make this further gift. A munificent gift given in that spirit and with that knowledge, is to my mind of enormous value, and far more than that of one who might shower his gold upon us, not knowing anything about us. (Hear, hear.) The Jubilee has its demerits as well as its merits. There is not a parish which has not its commemoration. Everyone has his or her own pet scheme, and yet in this year that everybody is striving for money, the Homœopathic Hospital has been able, if my information is correct, to pay off its building debt. This Jubilee, this evening, this dinner, will be notable, as it will enable us to clear off our debt, and thus enable us presently to do that which is absolutely necessary—to make our income equivalent to our expenditure. I beg now, without any further delay, to propose the toast of the Homœopathic Hospital.

The toast having been duly honoured,

Mr. Stilwell said: I have much pleasure in rising to return our most hearty thanks for the kind way in which this toast has been proposed and received. As chairman of this hospital I shall, I hope, to-morrow stand clear of the debt on the hospital. We shall have a freehold hospital free from debt, and with every appliance of modern science within its walls. We, as homœopathists, claim to have a better system of medicine than any other system in the world, and I think when I look at the hospital which has now been built so successfully in Great Ormond Street, that we have means of alleviating the troubles, miseries and infirmities which unfortunately human nature is liable to, in a way that cannot be surpassed under any other roof in England. We began five years ago to collect money to rebuild our hospital, a hospital which consisted of three old houses. Our physicians and our surgeons said that it was absolutely necessary, from their point of view, that we should have a new building containing every modern advantage. Our then chairman told me that he said, If you want such a hospital you must help us to build one. The medical profession sprang to the idea, and the result is that to-night I hope we may be able to announce before we break up that we have a new hospital, rebuilt with everything that our medical staff desire, free from debt. I recognise the unfailing goodness of all those who have so generously supported us. They have stood by the board in all their difficulties. There were many things which were unforeseen at the moment. It was a difficult thing to build so large a hospital on so small a piece of ground. All questions

of that kind are now happily at an end, and we possess a hospital that defies all criticism. We are greatly indebted to the medical profession, and welcome some of them on our Board, and by their advice we have been able to bring things to a very happy conclusion, in times of difficulty, There is no one to whom we are more indebted than Mr. Trapmann. He has been absent in the south of France for the winter, and I had hoped he would have returned for this festive occasion. I need say nothing of Captain Cundy after the words of our noble chairman, but I will say that we are deeply indebted to our secretary-superintendent. He has worked night and day to swell the total of the building fund, and with what success you shall judge this evening. (Cheers.) I thank you very heartily for your kind wishes.

Mr. Sydney Gedge, M.P.: My lord, ladies and gentlemen,—I am sure you will all agree with me that anyone is deserving of sympathy in having to make a speech after the two remarkable speeches we have had from our chairman and Mr. Stilwell. In those speeches they really proved the argument which I have now to lay before you. They have eulogised both the medical staff and the board of management, and I have now to propose the toast of the health of those two bodies. Well, ladies and gentlemen, I think we may well take it for granted that these bodies really do deserve all that can be said in praise of them. All of you and those whom you represent would not continue to pour money into the coffers of this hospital unless you and they were thoroughly satisfied that the money was efficiently expended. (Hear, hear.) Every sovereign that is spent in this hospital gives you twenty shillings' worth of value, and this is due to your board of management. Now, this hospital has only one hundred beds, but it ought to have 120 beds, and I understand this number is necessary for the training of medical students. Well, if this be the case, the thing for you to do is to raise the one hundred beds to 120. I don't know whether the extra twenty beds should contain patients—(laughter)—but perhaps if there was any difficulty in finding these extra patients some of you could be prevailed on to fill the gap. (Much laughter.) The board of management have done a very wise thing in electing two members of the medical staff. The most happy thing the board has done is increasing the number of specialists. In old times specialists were laughed at, but our board of management, which you know is thoroughly up to date, recognised that everybody cannot know everything, even in medical science, and they have added to the medical staff a gentleman well acquainted with electricity, also a gentleman practising orthopædic surgery. (Hear, hear.) I am

happy to say that a surgeon of the staff of the Crown Prince of Greece, who recently came over and saw the hospital, was so well pleased with it that he asked to come again. Well, I think I cannot say anything more now in praise of the board of management and the medical staff, as you are all aware of their excellence. You have heard an allusion made to Mr. Cross. Well, I am convinced that our secretary-superintendent is deserving of all the good things that have been said about him. (Cheers.) Now, one word more about the board. On it you have Lord Emlyn and Sir Henry Tyler, and having these two men it is unnecessary for me to say that the board must be thoroughly businesslike and up to date in all its methods. I now propose to you the health of the board of management and couple with it the names of Captain Cundy and Dr. Dyce Brown.

The toast having been duly honoured,

Captain CUNDY said: My lord, ladies and gentlemen,—My friend, Mr. Sydney Gedge, has quite snuffed me out, as he has said everything that I was going to say, and so I shall not do more than express to you the happiness I feel in occupying the position which I fill. I feel, indeed, that the happiness is so great that it only needed your hearty appreciation to make it quite complete. I rejoice to think of the good results that have arisen from the happy idea of joining in the management members of our medical staff. The companionship in the management has been most successful, and everything works most harmoniously. I should like to say a few words about the hospital, and especially about our nurses. A few weeks ago, I saw in a paper to which I subscribe (the *Hospital*), a reference to our nurses, and it was to the effect that the trained nurses of the London Homœopathic Hospital could not be exceeded by those of any other hospital in the efficiency of their training. Homœopathy is a good work, it is a work which is doing a vast amount of good, and if it is right to work hard for the success of a good cause, then assuredly we are right in working hard for the advance of the great medical science of homœopathy. In our hospital we have doctors and surgeons, and our friends on the board and our secretary-superintendent, Mr. Cross, and in fact, everyone working hard; and I want to say now to you all, both ladies and gentlemen, that I hope you will all do what you can to help us to push on the cause, which undoubtedly is the cause of true medical science. During the sixty years of her Majesty's reign homœopathy has gone ahead. It has progressed with every year which has been added to her Gracious Majesty's happy rule, and now, in this the Diamond jubilee, the record year of the longest and most brilliant of our history, we, I am glad to think,

have brought our hospital to its present state of perfection, and also, I believe, have freed it from building debt. (Hear, hear.) I thank you all, ladies and gentlemen, for the kind way in which you have received the toast, and hope that you will continue to help us as you have done in past, and thus push this great work still further and further ahead. I thank you very much.

Dr. Dyce Brown: My lord, ladies and gentlemen,—I thank you all very warmly on behalf of the Medical Staff for so heartily drinking this toast, and I feel it a great honour to respond to it. Now I am quite sure that you will agree with me when I say that the prosperity of the hospital must depend on the efficiency of the medical staff. The work of our staff is a labour of love. Their whole heart is in their work and in the prosperity of this hospital and in the advance of the science of homœpathy. The number of patients has increased year by year, both in the in and out-departments, and this, I take it, is the best test that can be made of the popularity as well as its general efficiency. If the work of the medical staff and the board were not satisfactory the number of patients would very quickly dwindle away, but with our hospital the numbers are increasing so fast that we cannot fail to see that our work is giving satisfaction to the public, and in this fact we have our reward. I thank you once more, ladies and gentlemen, for your kindness.

Mr. G. A. Cross (Secretary-Superintendent) then announced the donations to the Victoria Commemoration List for the Completion of the Building Fund, the total amounting to £7,122.

Mr. Alan E. Chambre: I trust that I shall not be wanting in chivalry in departing slightly from the formula which has been observed by every speaker this evening in opening his speech. I begin my speech by saying, My lord and gentlemen. It is the subject matter of my toast which precludes my addressing myself to other than gentlemen. My toast is one which is always received in all assemblies of men worthy of the name, not only in this country but wherever assemblies of Englishmen are found, with all the honour which is invariably given to the ladies. We are fortunate to-night in having this banquet graced by the presence of the ladies, and this festival has been made more charming by their company. I might perhaps close my remarks by simply proposing the toast, but, with your permission, I cannot on such an occasion as this, when we are assembled in honour of the Diamond Jubilee of her Gracious Majesty, sit down without alluding to her who is the first lady in the land. Nor can I sit down

without referring to our noble patron, the Duchess of Teck, as to whom we have all felt the greatest anxiety, but who is now, I am rejoiced to think, on the high road to recovery. Then, again, I must allude to the ladies who have assisted us in obtaining the large sum of money we have raised. Then the lady visitors, and lastly, but not least, those who, with their highly-trained skill, render valuable services under the direction of the medical staff—I mean the nurses. I might expatiate at great length on the many virtues of the ladies, but at this late hour I will not do so, and will content myself with calling upon the gentlemen to join with me in drinking the toast of "The Ladies." (Applause.)

The toast having been honoured,

Colonel Clifton Brown said: At this late hour I cannot detain you long, but it is with very great pleasure I propose the health of the chairman. Everything that he does shows us that he is a sound financier, and I am sure in his able hands the finances of the hospital are safe. To-night he has presided over us in his usual able manner, and has announced to us that we are free of building debt, and in so doing has shown what can be done by homœopaths. I give you the toast of "The Chairman."

Lord Emlyn: I thank you very heartily for the kind way you have drunk my health, and Colonel Clifton Brown for the kind words he has used. You must not take it that I am responsible for the happy results shown this evening. They are due to the secretary-superintendent (Mr. Cross), the board of management, and the medical profession, not only in London but all over the country. So far as keeping a tight hand on the finances is concerned, I hope I shall be able to do this for many years. I want to propose one more toast, "The Artistes," who have given us a very great musical treat.

The toast having been honoured, Mr. Cross briefly responded, at the request of Mr. Raphael Roche.

The excellent music, under the arrangement of Mr. Raphaël Roche, the artistes being Madame Belle Cole, Miss Grace Simon, Miss Belle Clancy, Señor Guetary, and Mr. Sidney Brooks, contributed very much to the enjoyment of the occasion.

Dr. Kranz-Busch (Wiesbaden) wrote specially asking to share in the cheers for the Queen and the toast of "Prosperity to Homœopathy."

NOTABILIA.

THE POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

We are pleased to be able to continue our brief reports of some of the lectures of the above course, while Dr. Galley Blackley's lecture on "Chlorosis" and one of Dr. Roberson Day's lectures will be found in full on another page.

MEDICINE.

The course of lectures on *Diseases of the Heart* was continued during June by Dr. BYRES MOIR. Lecture III. was devoted to the various murmurs.

1. *Exocardial:* Their character, modes of production, and differentiation.

2. *Endocardial murmurs:* The point of differential maximum intensity of the individual sounds, illustrated by a diagram giving the relationship of the different valves to the surface of the chest.

Functional and organic murmurs: Causes which produce them; the different murmurs and site of maximum intensity, with directions of propagation of sound. The different forms of presystolic due to mitral stenosis, viz., early diastolic, meso-diastolic. The sound characters of murmurs. Different theories to account for the production of functional murmurs. Frequency of occurrence (relative) of the different murmurs and general prognosis.

Cases shown.

1. A woman suffering from asthma and emphysema. Right side of heart dilated, with a well marked tricuspid regurgitant murmur.

2. Boy with old pericardial adhesions. Heart dilated and hypertrophied. Murmurs: Mitral systolic and meso-diastolic.

LECTURE IV. was on *Angina Pectoris*.—A heart was shown from a man, æt. 63, who died a few days previously in this hospital. He had suffered for some months from attacks of angina pectoris; but death was due to gradual failure, not to a sudden attack.

There was great hypertrophy, especially of the left ventricles; weight 18 ozs. Aorta above the valves much dilated and atheromatous, calcareous plaques being well marked. The coronary arteries were much constricted at their orifices, being surrounded by calcareous rings, but calcification did not extend far from the orifices on the arteries themselves.

Description of attack of Angina.—Age of greatest frequency. In some fatal cases no morbid lesions found, but usually condition more or less resembling that in specimen shown.

Pseudo-angina pectoris, diagnosis and prognosis.

Four explanations of cause of pain.

Angina pectoris vaso-motoria, in which there is *general spasm* of the peripheral arteries.

The state of the tension of the arteries is of great value both for diagnosis and treatment.

Pulse tracings were shown indicating normal pulse, increased tension, and diminished tension.

Associations with arterio-sclerosis and reference to cases.

Treatment during an attack and between: Amyl nitrite, chloroform or ether, glonoin, arsenic, cuprum, hydrocyanic acid, cactus, spigelia, baryta, &c.

On Diseases of the Nervous System. By Dr. Goldsbrough.

Lecture III.—A continuation of the diagnosis of Diseases of the Spinal Cord, begun in Lecture II. Pathological diagnosis: The nature of the lesion, to be inferred from the character of the onset of the symptoms, taken into consideration with known types of disease and the already made anatomical diagnosis, the seat of the lesion. In the case exhibited, the method of diagnosing the site of the lesion was demonstrated, and the evidence bearing on the nature of it was discussed.

Pathology and treatment were considered.

Lecture IV. was based on a case of chronic chorea in a girl aged 28, complicated with multiple neuritis, at present in Quin ward. Another girl, also aged 28, was exhibited who had hysterical chorea, the movements in her case consisting of sharp, well defined, purposeful choreic spasms. The causation, symptomatology, complications, of chorea and treatment were dealt with in detail based on the British Medical Association's collective investigation report, also on an examination of the notes of 85 cases treated in the London Homœopathic Hospital during the past ten years. The occurrence of neuritis with chorea, was in the knowledge of the lecturer, as yet unrecorded. The cause of the complication was obscure, but probably due to the administration of arsenic in the treatment the patient had received in other hospitals. The symptoms of neuritis in the case, in addition to those of chorea, were—well marked wrist drop and ankle drop, loss of sensation of various nerves of the extremities, loss of the patellar reflexes, and contractions of under-balanced muscles of the lower extremities.

Treatment was discussed.

General Surgery.

The lecture by Mr. Knox Shaw on May 17th, 1897, was on the subject of *Tuberculous Adenitis.*

The identity of scrofula and tubercule was first discussed; the old term scrofulous now giving place to tuberculous.

The class of cases under consideration was glandulous enlargement, due to irritation arising in some associated mucous or epithelial surface.

Cervical and submaxillary adenitis formed the main subject of the lecture, as that form came most prominently under the consideration of the surgeon. A young man, then in Bayes Ward, with a severe degree of the disease who had been operated on the previous week was shown. The position of the lymph-glands draining the various regions of the head and neck were described, together with the factors prone to cause them to enlarge.

It was pointed out that secondary adenitis was not always tuberculous at first, and often subsided under treatment. The mechanism by which tuberculous may become engrafted on a simple inflammation was explained. The pathology of simple tuberculous irritation, the formation of caseation and of pus was entered into. The question of diagnosis was discussed in relation to lymph-adenoma, syphilis and rickets. The general treatment was considered, and the importance of removal of all exciting causes emphasised; and the value and place of remedies indicated. The surgical aspect of the question was then pointed out, the time for, the necessity of, and the reasons for an operation given. The operation was then fully gone into. The mode of operation, its difficulties and dangers, the care needed to evacuate all the gland, and notably the abscess; and the necessity of following up sinuses into neighbouring conglomerate glands were insisted upon. The patient, who had had suppurating and caseating submaxillary glands removed from both sides of the neck six days previously, was shown. The dressings had been changed for the first time that afternoon and the stitches removed, healing having taken place by primary means.

Gynæcology.

The practical course on *Diseases of Women* was continued by Dr. Burford and Dr. Edwin A. Neatby.

Dr. Burford gave his first lecture-demonstration in this course on May 12th. The subject was *Uterine Cervicitis*. The conditions which eventuate in cervicitis were sketched and the various pathological and clinical elements which compose cervicitis were described. The treatment, both therapeutic and accessory, was sketched in detail; and patients were exhibited, suffering from various forms of this lesion, and the appropriate treatment indicated. Some new instrumental aids for easy local treatment were shown in application.

The second lecture-demonstration was on *Endometritis*. The diseased conditions of which Endometritis is a symptom were gone into, and its constant association with some other uterine unhealthy condition insisted upon. The clinical varieties of Endometritis were described in detail, and the therapeutic and other treatment elaborated step by step. After the method of uterine irrigation had been practically demonstrated, a lantern exhibition was given of microscopic specimens, mostly from the Vienna Pathologisches-Institut, of varieties of Endometritis.

The subject of the third lecture-demonstration was *Chronic Metritis*. The underlying element in this condition—pelvic congestion—was delineated, and the gradual evolution of chronic metritis after parturition, described in detail, with the aid of several large diagrams. The treatment of this condition was given at some length, and a scheme of therapeutic measures as well as local adjuvants fully and carefully worked out.

Dr. Neatby's lectures on *Uterine Fibroids* were continued. After completing the consideration of the symptoms, most of the time was occupied (in the third lecture) in dealing with the question of diagnosis of those tumours. A further series of cases were shown, the methods of diagnosis indicated, and the patients submitted to the examination of the audience. The progress, prognosis, and treatment of cases of fibroids formed the subject of another lecture. We hope at a subsequent date to report these in full.

Diseases of Children.

The third lecture-demonstration by Dr. Robertson Day was on the *Tubercular-Diathesis*. Dr. Aitkin's definition of Diathesis was mentioned, and it was shown how manifold were the lesions it embraced. Tables showing the lymphatic glands of the body and their drainage areas were exhibited; the proneness to lymphatic overgrowth and inflammation in children was dwelt on. A case of tubercular ulcer of a year's standing, which had resisted allopathic treatment during that period, was cured in a few weeks with tuberculinum 30 (Koch), administered only twice a week in 3 drop doses. Two cases of adenoids (post-nasal), were shown, and ready means of diagnosing this demonstrated. The dangers resulting from the mouth breathing, bronchitis, deafness, &c., were explained. An old case of caries of the spine was shown and another red-haired typically scrofulous child with old hip disease, as examples of tubercular bone disease. A very marked case of strumous dactylitis under treatment in Barton Ward was shown, the improvement being already marked when compared with the photograph taken

soon after admission. Microscopical specimens of tubercle of the lung were shown, and two children who had very greatly benefited from treatment for phthisis.

Tubercle of the Abdomen was considered and demonstrated at the fourth lecture. The chief lesions were described, tubercular ulceration of the intestine, tabes mesenterica, tubercular peritonitis, leading to ascites or tubercular deposits, which may be associated with tubercle of all abdominal organs. A lad, the subject of tabes mesenterica, was shown with an enormous pendulous abdomen; this patient probably had some intestinal ulceration as well, which kept up the diarrhœa. Another child had been treated for ascites of tuberculous origin, so great that the skin of the abdomen was tense and shiny with protrusion of the umbilicus. Another girl had suffered with ascites, which was cured, then the inguinal glands enlarged and suppurated, and subsequently all the elbow and knee joints became the seat of the tubercular deposit. The treatment adopted in her case was described.

Lastly a case was described of general tubercular peritonitis with a deposit in the region of the cæcum, which closely simulated appendicitis. At the autopsy the intestines were found matted together and tubercles covering all the organs, and in the spleen on section milliary tubercles were found. The mesenteric and retro-peritoneal glands not only presented tubercular changes but in many instances had actually suppurated. Some pus from one of these had been examined by Mr. Johnstone for the bacillus tuberculosis, and was shown under the microscope swarming with bacilli.

Dermatology.

Dr. Washington Epps' third lecture was devoted to *Psoriasis*. After defining psoriasis, and mentioning its greater frequency in Great Britain and France than in America, he described the well known characteristics of the disease and the many varieties into which it is divided. Dr. Epps then mentioned the occasional scarring which occurs in psoriasis, Hutchinson's lupus-psoriasis, and the very rare occurrence of epithelioma on a psoriatic plaque as noticed by Hebra. Under etiology he mentioned age and heredity, being very decided as to the latter, although recognising that the disease may skip a generation; also nervous causes and gout. He then alluded to the observation of Gowers and Liveing of the occurrence of psoriasis in epileptic patients taking borax. Under pathology, Dr. Epps mentioned our ignorance of the pathological factor causing psoriasis, quoting Crocker, afterwards giving Unna's description of the three structural changes, parakeratosis,

epithelial growth, and dilatation of the vessels, and of the parasite, the morococcus, which grows in the patches, which Unna says present a nutrient medium of a peculiar sort. Dr. Epps said that as clinicians they wanted to know why this was so, and explained it as a constitutional condition, and the parasite as secondary. Under diagnosis, the characteristics were again emphasised, and the disease differentiated from lichen planus and ruber, eczema, tinea circinata, seborrhœa, lupus erythematosus and the syphilides. Speaking of treatment he said we must strive to do two things, change the constitutional condition and relieve the local hyperæmia and its resultants. Of internal remedies he mentioned arsen. graphites, sulphur, arsen. iod., mercurius, kali iod., ac. nitric, sepia and natrum mur., giving the indications for each, then mentioning the treatment of others as Kafka, Hughes, Bœck of Christiana, Wheeler and Van den Burgh, and giving the various local remedies; he filled up the end of the hour by demonstrating some of the points described on three typical cases of psoriasis and two cases of congenital ichthyosis.

The fourth lecture was devoted to eczema, and Tilbury Fox's definition was first given. Dr. Epps described eczema as a catarrh of the skin, analogous to a catarrh of the mucous membrane, due to a number of different factors. Under symptoms, he described four typical varieties, the vesicular, the pustular, the papular and the erythematous, and explained the various names given to the different forms. Under ætiology, mentioning the many external and internal causes, illustrating several by describing cases, he explained that all the internal causes, more or less, in one way or another, threw greater strain on the skin, and caused the hyperæmia which was the starting point of the eczematous eruption. Under diagnosis, he gave the points of differentiation from scabies, pustular syphilides, sycosis, favus, herpes, pemphigus, erythema, psoriasis, tinea circinata. Under prognosis Dr. Epps stated that everything depended on finding the cause and on its removal, and under treatment he remarked that recognising eczema as the *local* manifestation of some general constitutional state, it is not enough to give the apparently appropriate (from a local standpoint) remedy, but one must go to such constitutional remedies as sulphur, calcarea, graphites, psorinum, etc., at the same time using every means to improve the general health from the dietetic, balneologic and sanitary standpoints. Under special remedies were mentioned viola, rhus tox. and venenata, croton, antimonium, mercurius, sulphur, graphites, petroleum and staphysagria, and under local remedies Dr. Epps said the great use of nearly all the local applications was to

soothe, protect from the air and its many germs, and in some cases to neutralize or change the acrid discharges which tend to spread the disease, giving examples.

The fifth lecture was entirely devoted to cases of eczema in various stages and localities.

Practical Pathology and Bacteriology.

This course, conducted by Mr. James Johnstone, extends over 12 or more demonstrations. The allied subjects of pathology and bacteriology are being studied practically, prominence being given to subjects which have a direct bearing on clinical work in medicine and surgery. The following is a summary of the details of the course up to June 12th:—

A. Pathology. — Instruction in the preserving of pathological tissues for microscopic examination.

Practice and instruction in the methods of embedding and cutting—by freezing and otherwise—of tissues for microscopical sections.

Practice in the staining, mounting and preserving for permanent use and reference of microscopical sections. The sections become the property of the members of the class, and each member will have collected during the course microscopical sections, among which are the following:—

Carcinoma of uterus, breast, liver and testes, sarcoma of uterus, sarcoma of ovary, tuberculosis of synovial membrane and mucous, polypus of uterus, erosion of cervix, early papilloma of bladder, lymph-adenoma, ova of bilharzia hæmatobia, hypertrophy of turbinated bone.

Instructions and practice in the carrying out of *post-mortems* in the following cases:—

Diphtheria in a child, extensive implication of tonsils, soft palate, uvula, posterior nares, pharynx and larynx.

Cirrhosis of liver, accompanied by ascites, elephantiasis of right leg and hip, old adherent pleurisy and atheroma of mitral valves.

Sarcoma of uterus with metastasis in bowel, mesenteric and posterior mediastinal and bronchial glands.

Acute intussusception in a child of part of ileum, cæcum and ascending colon into transverse colon, with commencing strangulation and gangrene of the incarcerated portion.

B. Bacteriology. — Staining and mounting of the following:—

Diphtheria bacillus with methylene blue, by Gram's method.

Typhoid bacillus with gentian-violet, etc.

Tubercle bacilli in sputum by Ziehl Nielsen stain.

Cultivations of diphtheria and typhoid bacilli, streptococci on gelatine and agar tubes, and in Petri dishes.

Demonstrations of Widal's method for detection of typhoid fever, with serum from a patient in hospital, convalescent from typhoid.

Preparation of culture media—peptone bouillon, peptone gelatine, &c.

HOMŒOPATHY IN PENNSYLVANIA.

A WEALTHY philanthropist in Pennsylvania—the late Lewis Crozier, of Upland—in addition to $250,000 for a Public Library in the city of Chester in that State has bequeathed $500,000 to build a Homœopathic Hospital, with a Home for Incurables attached to it, in the same town.

HAHNEMANN'S TOMB.

IN our last volume we gave an account of the condition of decay into which the tomb of Hahnemann, in the cemetery of Montmartre, had been allowed to fall, through the neglect for many years of its needed repair, and because of the difficulties with which the desire to fulfil the duty of undertaking this repair was surrounded. An International committee, with M. le Dr. Cartier as its secretary, was appointed at the Congress of 1896 to endeavour to overcome these difficulties. The Société Française D'Homœopathie, of which also Dr. Cartier is the secretary, associated with him, Dr. Boyer, President of the Society, and Dr. Parenteau, to approach Madame de Bönninghausen, the proprietor of the plot of ground in the cemetery. In the *Revue Homœopathique Française* for the 31st of May, Dr. Cartier gives a full report of the negotiations and of the letters which have passed between him and Madame de Bönninghausen's legal representative, M. de Cloquemin. On the last day of December, 1896, the French committee, in response to a request of M. de Cloquemin that they should draw up a statement of their wishes which he could forward to Mme. de Bönninghausen, sent him the following letter addressed to her.

"Madame,—An International committee was formed at the last Homœopathic Congress held in London for the purpose of doing honour to the memory of our master, Hahnemann, by endeavouring to raise and to maintain a tomb worthy of him.

"The president of this committee was Dr. Brasol (Russia), secretary, Dr. Cartier (France), the other members being Dr. Richard Hughes (England), Bushrod James (United States), and Von Villers (Germany).

"These gentlemen have given full powers to the French Homœopathic Society to make the desires of the Homœopathic Congress known to the family of Samuel Hahnemann. Drs. Boyer, President of the French Homœopathic Society, Parenteau and Cartier have been appointed to take charge of this matter.

"Before making an appeal to the warm admirers of homœopathy, and before accepting their donations, it is necessary we should know the intentions of the family, and for this purpose we have the honour to direct your attention to some plans, the execution of which will depend upon the amount received, and which we submit to your approval as proprietor of the plot of land.

"The most simple plan contemplates placing a bust upon the tomb, and inscribing upon its pedestal the names and titles of Hahnemann. The bust will be a reproduction of that by David d'Angers, either in bronze or in marble.

"If the sum received in subscriptions enables us to do better, we should change the stones, replacing them with finer ones and with a bust more skilfully finished.

"All this must depend upon the zeal of the contributors.

"But in the first place, we ought to attempt nothing without the sanction of the family. It is necessary that they should authorise us to rebuild, and to maintain the tomb in perpetuity. Out of the sum received we shall retain a reserve fund for the maintenance of the tomb.

"Finally, Madame, our intentions are identical with your own. We are anxious to honour the memory of a man who is dear to us all; we are animated by a purely disinterested affection and gratitude, and we do not doubt that the laudable motive which has given birth to this will be fully accepted by you.

"Should you desire that the bodies of Hahnemann and his wife should lie together, we should have to propose another plan, making a single monument, with a space between the two plots, which will separate it from the adjoining tombs.

"Pray receive our respectful acknowledgments, and believe in our entire devotion.

"Signed,

"Drs. Boyer, Cartier, Parenteau."

Further correspondence took place regarding the conditions under which Madame de Bönninghausen was willing to authorise the committe to erect a monument and to keep the tomb in repair. These were discussed, her consent was given, and letters of thanks were addressed to Madame de Bönninghausen and to her representative M. de Cloquemin.

The first part of the work requisite to place a monument over the tomb of Hahnemann has been accomplished. The authority of the family has been given for the restoration of the tomb, and its maintenance in perpetuity has been entrusted to the committee.

Dr. Cartier, in the article we have referred to, then points out that the International committee must now suggest the plan of procedure to be carried out, but that the long distances separating the members of the committee will oblige them to entrust the details of the work to the French Society, and it is only reasonable that they should do so, especially when we know how completely competent they are to carry out these details to the fullest satisfaction of all who are interested.

The most important part of the work, as Dr. Cartier truly says, is the financial, as upon this will depend the nature and importance of the work of restoration. Until it is known how much money the committee will be able to depend upon, it is useless to discuss the character of the design which will be adopted. Dr. Cartier accordingly suggests that a sub-committee should be formed in each country to collect subscriptions, and that each national society should vote a sum of money for the purpose. He concludes by saying that we have two years during which subscriptions can be received, one year will suffice to discuss plans of restoration and to carry them out, and that the inauguration of the renewed tomb will then be one of the features of the International Congress to be held in Paris in 1900.

The proposal to raise the money before discussing plans has much to commend it, but at the same time we think that the liberality of subscribers would be stimulated by a well designed plan of restoration, and by giving them some idea of the amount required to carry it out. How much will be needed to accomplish the work in a thoroughly good manner, and in a style worthy of the object of the memorial?

A STATE MEDICAL APPOINTMENT IN THE UNITED STATES.

The Governor of Missouri has recently placed the Fulton Insane Asylum under the control of homœopathic physicians and has, in consequence, provoked a furious onslaught of resolutions upon him from the Central District and Linton District Medical Societies. In these the members express their "regret that the highest officer in the State should lend himself to the infatuation of factional

science, and to the hallucination of unscientific imagery." They further assert, "That by this act of the Governor he has forfeited the respect and esteem of all lovers of science and humanity, as well as the impartial citizenship of the State" (*sic*). Another informs Governor Stephens, that "this procedure on his part indicates a mental condition which fails to appreciate the mission of science of rational medicine!" Again, in another, he is told that he has "prostituted his high office for base purposes and unmanly motives.'

The New York *Sun* gives the following account of an interview with the Governor, dated the 6th of May, in which he expresses his feelings on the attack which, regardless of grammar and common sense, these medical societies have made upon him:—

"Jefferson City, Mo., May 6.—Gov. Stephens was asked to-day what he thought of the resolutions adopted by the Linton District Medical Society at Mexico, Mo., on Wednesday, in which he was censured for placing the Fulton Lunatic Asylum under the control of the homœopathic school. He said:—

"These resolutions remind me of some adopted by some gentlemen who met, not many years ago, on a noted occasion. They resolved—'first, that this country is for the Lord's people; second, that we are the Lord's people, and therefore the earth and the fulness thereof is ours, and we shall govern ourselves accordingly.'

"The allopathic physicians are not talking about me any more bitterly than they are about themselves, and if they can stand it, I am sure I can. I never saw two of them in my life agree upon any one proposition, with the exception that they despise the homœopathic school and all those who differ from them. I was elected on a platform which promised equal rights to all and special privileges to none. I will say that, while it is not my intention to make any threats, if the allopathic doctors continue to amuse themselves by passing slanderous resolutions against me because of this action, I will be forced to turn over, instead of one institution to the homœopaths, every institution in the State to them within the next two years.

"Gov. Stephens will not lack provocation to execute his threat. To night the Central District Medical Society of Missouri and the South-East Missouri Medical Association passed caustic resolutions declaring that the Governor had prostituted his high office to base purposes, and characterizing him as a disgrace to the State."

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Dr. BURFORD, Dr. GALLEY BLACKLEY. Dr. DAY, Dr. EPPS, Dr. LAMBERT, Dr. MOIR, Mr. DUDLEY WRIGHT (London); Dr. MCLACHLAN (Oxford); Dr. PURDOM (Croydon); Dr. HAYWARD (Birkenhead); Dr. A. NEATBY (Sutton).

We are requested to state that Dr. LAMBERT no longer receives patients for consultation at West Street, Finsbury.

BOOKS RECEIVED.

The Homœopathic Therapeutics of Diarrhœa, &c. By James Bell, M.D. Fourth edition. Boericke & Tafel. 1897. Philadelphia.—*The Homœopathic World.* June. London.—*Medical Reprints.* June. London.—*The Chemist and Druggist.* June. London.—*The Medical Times.* June. New York.—*The Medical Century.* June. New York.—*The North American Journal of Homœopathy.* June. New York.—*The Homœopathic Eye, Ear and Throat Journal.* June. New York.—*The New England Medical Gazette.* May and June. Boston.—*The Hahnemannian Monthly.* June. Philadelphia.—*The Homœopathic Physician.* May. Philadelphia.—*The Homœopathic Recorder.* May. Philadelphia.—*The Clinique.* May. Chicago.—*The Hahnemannian Advocate.* May. Chicago.—*The Southern Journal of Homœopathy.* April. Baltimore.—*The Medical Argus.* May. Minneapolis, Minn.—*The Minneapolis Homœopathic Magazine.* June.—*The Homœopathic Envoy.* June. Lancaster, Pa.—*Indian Homœopathic Review.* February. Calcutta.—*Revue Homœopathique Française.* May. Paris.—*Revue Homœopathique Belge.* April. Brussels.—*Allgemeine Homöpathische Zeitung.* May 20 and June 3. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* June. Leipzig.—*Homoeopathisch Maandblad.* June. Zwolle.—*Revista Omiopatica.* March and April. Rome.—*El Propagador Homeopático.* April. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE ANNUAL HOMŒOPATHIC CONGRESS.

The holiday season has again come round, and among its most pleasurable anticipations is the event which, with most of us, concludes it, namely the meeting of the Congress. Our last meeting was at Leeds, in 1895, that for 1896 being held in abeyance, and its place taken by the International Homœopathic Congress, which was on all hands admitted to be a very great success. This success ought to be a stimulus to our colleagues to support our own Congress this year. All who have been present at these meetings agree that they form one of the most useful and enjoyable functions that we carry out in connection with homœopathy. It is not so much the value of the papers read, though they in themselves are valuable as a rule and well worth going to hear, nor is it so much the interesting and valuable discussions which follow each paper, though these are usually most entertaining and instructive, giving free play to the personal interchange of professional views. But it tends more than anything to the promotion of good feeling among ourselves, and to the softening down of any asperities which may have here and there shown themselves. Nothing is so valuable

for the attainment of this object as personal friendly meetings over professional subjects, followed by the dinner in the evening, a function which is well known to be the best lubricant of friendship. In our comparatively small body, it is essential to our strength to be combined, and to be personally friends each with the other. Divisions and jealousies hinder progress, and give the enemy cause to blaspheme, while union is strength in all circumstances. No one ever comes to a Congress without going away with a sense of enjoyment and good feeling, and a conviction that he is the better for these meetings. We would therefore again earnestly entreat our colleagues to do their very utmost, even at a little sacrifice, to be present this year at the Congress. One day in September cannot be much missed in any practice, as everywhere it is the "slack time," while the mental and moral benefit more than repays any loss. A little arrangement would, we feel sure, enable the large majority of homœopaths to put in an appearance. Besides, we should consider the impression produced in the town and locality where the Congress is held, by a large or a small representation of our body. A Congress thinly attended does not look well, and the public are apt to appraise our position and prospects accordingly.

This year our meeting is to be held in Bristol on Thursday, the 16th of September, and we anticipate a very interesting time. The circular, giving full details, will be in the hands of all our *confrères* by this time, and by it will be seen the excellent "plan of campaign." The President, Dr. Proctor, is sure to deliver an address well worthy of himself, of homœopathy, and of the Congress. To this address, strangers, ladies as well as gentlemen, are invited.

The subjects of the papers are varied and interesting, and the authors' names are a sufficient guarantee of the worth and character of them. Dr. Johnstone's subject is a very important one—one on which divergent views are held, and its discussion will be valuable. No topic, in fact, at the present day is so important for a clear understanding as the relation of Serum-therapy to Homœopathy, and none is more suited to a Congress paper and discussion, since this mode of treatment is so much advocated and adopted by the old school.

Dr. Roberson Day's subject—Tuberculosis of the Abdomen in Children, is an interesting one, affording much play for "views" on treatment, while Dr. McLachlan's topic —The Use of High Dilutions in Practice—is a never-ending question of interest to all of us. It was not considered advisable to have more than three papers, besides the Presidential address, as time hardly permits of more. By this arrangement, it is hoped that the business part of the Congress will be concluded soon after four o'clock, and thus ample time will remain before dinner for the members to avail themselves of the kind arrangements of their colleagues in Bristol for a drive round the Clifton Downs. Bristol, and its lovely suburb, Clifton, is a charming place for our meeting, on account of the beautiful scenery and surroundings, which those of us who do not know it will be delighted with. The cathedral of Bristol is, in itself, well worth a visit. It possesses some of the finest specimens of Norman architecture to be seen anywhere. Besides the cathedral, Bristol has many features of interest to delight the visitor, and its history is so connected with the history of the kingdom, and especially with its maritime greatness, that one cannot fail to be transported back in imagination to the great times of England's commencing ascendancy.

It will have been noted with pleasure and gratification in the circular that the Western Counties' Therapeutical Society have generously and handsomely invited the members of Congress to be their guests at luncheon and afternoon tea, this last feature being quite an inspiration, after the mental expenditure involved in the professional part of the day's work, and in preparation for the drive. In the evening the members dine together, and so bring the day's proceedings to a happy close. But the closing of the day does not end their pleasures. On the following day, Friday the 17th, Dr. Percy Wilde and Dr. Graham Wills, his coadjutor, have kindly invited the members to visit Bath, which is so conveniently near Bristol, when they will conduct the Congress to see all that can be shown of interest, both antiquarian and professional, in this charming town. The Mayor of Bath has stated that he will have much pleasure in receiving the members at the Guildhall, and will afterwards join the lunch-party. They

have also not forgotten the creature comforts, the necessity of which in the midst of pleasure, appeals to even Members of Congress, and have most generously and handsomely, invited all who can come, to lunch. Such an invitation will, no doubt, be sympathetically accepted by all who can afford to stay away from work for a second day.

Altogether, we anticipate what our American brethren would call a "lovely time," and with such a plan of campaign as we have sketched out, we expect a large gathering.

A LECTURE ON CERTAIN AURAL AFFECTIONS IN CHILDHOOD AND THEIR TREATMENT.*

(Continued from p. 412.)

By Dudley Wright, M.R.C.S., Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital.

Now, as to the treatment of these various conditions of the middle ear which we have been considering.

I think it will materially facilitate our study if we discuss the treatment under separate headings. First, the removal of the predisposing causes should any be present. Secondly, the treatment of the obstruction of the Eustachian tube, and the accompanying condition of the middle ear. Thirdly, the means to be adopted for the removal, natural or otherwise, of any fluids collected within the tympanum; and, Fourthly, the curing of the otorrhœa, which may be the outcome of the initial malady.

You will probably have noticed that I have in this synopsis of treatment said nothing about curing the deafness. And I did so for this reason—namely, that if you treat your patient along the lines thus laid down you will, at the same time, be doing the best you can to restore the hearing power.

It is only after great losses of tissue, such as are occasioned by extensive ulceration of the drum-head, that special treatment for the deafness in the way of artificial restoratives of the lost parts is called for, and even then

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*One of a series of post-graduate lectures delivered at the London Homœopathic Hospital in 1896.

in the case of children I cannot say that you will have any great prospect of success.

First, then, as regards the removal of predisposing causes. I have already said that amongst the most common of these we must reckon morbid conditions of the mouth or naso-pharynx, such as chronic catarrh of these parts, associated in most instances with enlarged tonsils and post nasal adenoids. I need scarcely tell you that it is a fallacy to suppose that hypertrophied tonsils can exert any direct pressure upon the opening of the Eustachian tubes, such a thing is impossible; and even in the case of adenoids it is but rarely that they encroach upon the mouth of that passage. Their chief action, apart from rendering mouth breathing a necessity, is to keep up an inflammatory state of the mucous membrane, and thus predispose to Eustachian obstruction. So long as they are present at all this pernicious influence is exerted, and though treatment by internal remedies *may* in time reduce their size, still, to effect this, treatment must be long continued, and the patient during this must run the risk of permanent damage to hearing, so that I cannot counsel your adopting this plan. Surgical means for their removal are so light, and the risk of mishap so small, that I think in almost every case such instrumental removal is indicated.

Surgery in these cases must not, however, be the alpha and omega of our treatment. Rather let it be a means to an end. You will find that in all cases constitutional treatment is needed to prevent a recurrence, for the very fact of the over-growth of these tissues points to a constitutional taint of some kind or other, and it is here that our remedies will be of the greatest avail. If you have reason to suspect a scrofulous tendency, treat it; an arthritic, do likewise. Seek out the underlying constitutional state and do what you can to eradicate it.

Under the second heading comes the removal of the obstruction of the Eustachian tube. Fortunately this is a simple matter, and if you have followed the directions I have so far laid down, you will find in nine cases out of ten that the obstruction disappears of itself. Should this be slow in taking place, a few inflations with Politzer's air bag will speed the parting guest. To do this you need not, in the case of children, go through

the performance usually recommended for adults of inflating whilst they are in the act of swallowing water. It usually suffices to insert the tube of the air bag into the nostril and close both firmly over it. The child invariably opens its mouth to breathe, and then is your opportunity, a short, sharp squeeze of the bag and your purpose is effected. Take care not to relax the bag until the tube is withdrawn from the nostril, otherwise some mucus will inevitably be sucked up into the bag by the re-entering air, and will be blown out into the next patient's nose.

It is never necessary in these cases to use the Eustachian catheter, and this may be said of nearly all cases of ear disease in children, and I would warn you against using it in any child under the age of 12 years. In older children I have occasionally found the use of the catheter of service to inject fluids into the tympanic cavity in cases of old-standing catarrh with or without perforation or discharge, but the less you make use of this instrument in any but adults, the better for your patients.

In fact, in children I rarely use local applications of any kind to the throat or nose, as there is always difficulty in their application, and parents—at any rate of hospital patients—can seldom be trusted to carry out one's directions satisfactorily.

With the restoration of the patency of the tube the middle ear becomes filled with air, and equalisation of the atmospheric pressure on either side of the drum-head results in its restitution to the correct position, provided always that during the maintenance of its indrawn condition no adhesions have formed binding it to the neighbouring parts. In cases of a minor grade, what little hyperæmia was present rapidly subsides, and the malady may now be considered cured.

In many cases, however, we may have to deal with fluid accumulation within the tympanic cavity. The need of periodical inflation with the air bag in such is much greater than in these slight ones just alluded to. This of itself will do much to get rid of the secretion, but the internal administration of iodide of potash will usually hasten matters.

This drug, as you know, causes all the symptoms of an acute rhinitis with free serous secretion. We have

it also on the authority of Dr. MacBride, of Edinburgh, that its administration in large doses has caused the accumulation of fluid in the middle ear; in fact, in his book on diseases of the ear, he classes it as one of the causes of fluid accumulations in the tympanum. You will, therefore, not be surprised to hear that it does good in such conditions; and I will say more than this—namely, my experience teaches me that with the internal administration of the 1x dilution and its local use as an ointment mixed with lanoline and rubbed night and morning over the mastoid process I feel perfectly safe in holding out a prognosis of a speedy recovery to the majority of patients afflicted with this malady for the first time. You will, indeed, find amongst your patients in such cases more adults than children, but my remarks apply equally to both ages in the sub-acute stages of the disease.

When the attack is acute, and is attended with some disturbance of the general health and causes pain, your treatment will have to be different. Here in the earliest stages our old friend aconite comes in, but you will scarcely ever, at least, such is my experience, see a child in what we may call the aconite stage. It is usually long past when the patient is seen, and its administration is so much loss of time. In these cases belladonna will relieve pain and restlessness, and pulsatilla or mercurius will help to prevent a further increase of the effusion. Chamomilla may be called for, especially in very young children who have much restlessness. Dr. Cooper recommends terebinth in those cases in which teething is the cause of the otitis.

Should pus form, the sooner it is evacuated the better. The majority of cases doubtless go on to perforation of the drum-head because left too long without treatment, and either pus comes away from the beginning, or else what is at first a sero-mucous flow becomes rapidly purulent from septic organisms gaining an entrance. When this is established hepar will prove useful, especially if scarlet fever be the immediate cause.

Other remedies which you will find useful are elaps, mercurius solubilis, sulphur, tellurium, and bichromate of potash. Elaps is especially useful in children whose secretions rapidly dry up and form crusts. Such crusts form in the nose and cause nasal obstruction, the ear

discharge being green and watery. Sulphur, as you know, is of more value as an intercurrent remedy, and loses its effects if long continued. Kali bichromicum and hydrastis are suitable for the muco-purulent discharges so commonly met with; the nose being also blocked with crusts which on separating lead to some hæmorrhage. Tellurium is a remedy which has not been used as often as it might. The late Carroll Dunham proved this remedy somewhat heroically, and we have it on the authority of Dr. Houghton, that it caused perforation of the drum-head and discharge, the cicatricial condition left after healing being very extensive. Its chief indication is said to be a discharge having the odour of fish pickle, extremely acrid, and excoriating the canal and often the cheek.

It is a well known fact that some discharges have individually peculiar odours; what this is due to we cannot yet say—whether to the action of different organisms or the particular tissue attacked. But whatever the explanation may be, I apprehend that this feature may at times with advantage be noted and used as an indication for treatment, despite the ridicule which has oftentimes been flung at such symptomatic prescribing. We are in the habit of recognising the peculiar and characteristic odour exhaled by small-pox patients; why should we not equally recognise the odour of various drug diseases?

When the otorrhœa is excessive and the discharge literally pours away from the ear, causing much soreness of the parts, the dry form of treatment is of value. Two remedies are here chiefly indicated.

Boric acid is one, which, if insufflated after drying out the canal, will often quickly lead to a cessation of the discharge. Sodium fluo-silicate in trituration of the strength of 1 grain to the ounce of starch powder is the other. Both these remedies are apt to produce eczema of the external meatus, and if used weak enough will likewise readily cure that condition, and the otorrhœa upon which it is dependent.

In all these cases let me remind you to attend to the cleanliness of the parts. Do not allow plugs of cotton wool to be stuffed into the ear and kept there for an indefinite time to act as fresh centres of septic infection. Cleanse away the discharge by all means, and use mops

of wool on probes for this purpose, but unless the discharge be very profuse do not leave wool in the ear.

Long continued suppuration is liable to lead to the formation of granulation tissue, which if excessive gives rise to what we recognise as polypi. These growths may cause a high degree of deafness, and therefore legitimately come within the scope of this paper.

When the polypi are large and project into the meatus they should be removed with a wire snare. If of medium size they can be often killed by the application of trichloracetic acid, repeated as often as is necessary, the patient being directed to instil drops of equal parts of alcohol and a saturated solution of boric acid. This will still further constringe the tissues of the growth, and lead to its shrinking and ultimate disappearance if at the same time we administer the constitutional remedies indicated.

No treatise on the relief of deafness would be complete without some mention of artificial drums to replace lost tissue of the natural drum-head. The most simple of these is a loose pledget of cotton wool, either dry or moistened with paroleine, and so placed as to support the handle of the malleus when the perforation is a large one, or just so much as is sufficient to fill the gap if the loss of substance is small.

This is not only the simplest, but also the least irritating and the least complicated of all artificial acids, and patients rapidly learn to place the pledget in position of themselves. The india-rubber discs of Toynbee and those of Ward Cousins are occasionally of use, but are less easily managed by patients, and very often their presence is not tolerated. In children, as I said before, it is not often possible to do much with either form, and it is only after they have grown up that such means may be made use of.

In speaking of suppuration of the middle ear in children, I have omitted to mention one form with which you will occasionally meet. I refer to tuberculous disease of the middle ear. The onset of this complaint is usually painless. It progresses slowly, and leads to much destruction of tissue and death of bone, with occasional involvement of the labyrinth, and is one of the most intractable forms of chronic suppuration that we have to deal with. I

have had several examples of this under my care, and I cannot say that I have found any drug to exert a curative influence. Iodide of arsenic and creosote are the two which I have used most, and which I should expect to be of the most service. Tubercle bacilli may be found in the purulent discharge, but it is not always easy to demonstrate them, and one is often led to diagnose the tuberculous nature more from the chronicity of the complaint, and its intractability to the ordinary forms of treatment, together with a tuberculous family history, than from any direct evidence afforded by the discovery of the specific germ.

London, W.

POST-GRADUATE LECTURE ON SOME IMPORTANT GENERAL PRINCIPLES IN THE DIAGNOSIS AND TREATMENT OF STATIC DEFORMITIES.

By Gerard Smith, M.R.C.S.

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Gentlemen,—Possibly you may be of opinion that I ought to make some defence of the title I have chosen for this, the opening lecture of my course on the subject of "Practical Orthopædics." We have become so accustomed to speak in stereotyped terms of "practical details" and "vague generalities," that those who speak on broad lines of a general philosophy of disease and its treatment are liable to be regarded as unpractical and theorists, as contrasted with the practical man, whose attention is more entirely concerned with the minutiæ of diagnosis and treatment, and who may consider that it is waste of time to discuss the philosophy of disease causation, on the ground of the great natural law of evolution, as it affects the human animal. It is to be hoped that this standard of value in matters of scientific surgery and medicine is held chiefly by the non-medical public, and not by the profession. The public are our patients, and each individual very naturally and humanly takes the detailed individual view of the matter. He does not want to know how his own case bears part in some great general view of disease, but

requires advice upon the small "practical details" affecting his single example of disease. The successful physician of to-day, is the man who "orders chicken broth," and is careful further to specify that it shall be made of *two* chickens, not *one*. Reputations for practical knowledge can be built upon sheets of writing paper containing precise directions as to the method of cooking an egg, more surely than by any amount of general philosophy. Although I am well aware of all this, yet I have to ask your forbearance while I enter into certain wide questions affecting our general outlook on orthopædics. The term orthopædics itself starts the first question. Derived from the Greek "orthos" straight, and "pais" a child (not the Latin "pes" a foot), it suggests the question, "why should the young of the human species be so specially liable to fail in attaining and preserving the straight, or erect, human posture?" Those deformities which arise from various weaknesses and difficulties attending the proper carriage of the body weight, occur almost exclusively in the *human* young; and they occur owing to the peculiar privilege of man, the latest advantage which man has over the other animals, that of the erect posture. Why is this?

Here is one of those "vague generalities" of which I have spoken; one school of philosophers answers the question by asserting that man has not yet fully gained the step in evolution which will secure the erect posture without possibility of failure. They say that a study of the mechanical arrangement of man's skeleton proves very clearly that static deformities are actually invited by its arrangement; that these super-imposed bones, from the instep upwards, are so arranged that all the deformities so well known as results of the failure to secure the erect form, are explained as things only to be expected. The base of support is so small, the gravital centre so easily passed in every direction; the bone surfaces of the joints plainly so placed that in any child with bodily weakness, the weight to be carried must affect the form of the bones precisely as in certain deformities they are affected.

I will freely agree with one of these contentions; it is true that from the *osteology* alone of man such deductions can be drawn with reason, but beyond this I

cannot go with this school, I cannot find any invitation to deformity, or to failure in the due attainment and preservation of erectness in the normal body of any child; I can find, for every static failure leading to deformity, some counter-acting correcting arrangement, the neglect or misuse of which has caused deformity, and the proper education of which forms our best hope of its cure.

The bones, attached together by structures as insensitive as themselves, the ligaments, are not to be regarded as alone responsible for maintaining our human form; they are merely the passive instruments which the real, vital organs the muscles, use and direct, and direct successfully when their due responsibilities are properly discharged, when the muscles do not shirk their work and throw it on to the less vital bones and ligaments.

Granted this misuse, or disuse, of the provided means for preventing deformity from static causes, and the human body will be deformed; but the muscular provision itself is PERFECT; it is the failure of civilised man in the physical education of children, and all the deforming influences of civilised life that are to blame for deformities of the most common type, those that I have now in my mind, those not due to disease either of central organs, or of the bones, ligaments, or muscles themselves. Whether we shall ever prevent other deformities than these I cannot tell, but I am sure that it is in the power of this and coming generations to abolish all static deformities by the universal application of national, family, and individual physical education upon natural lines.

You will forgive a man who has mounted his hobby, gentlemen. I will not ride it for long. I will dismount after saying that this generation has seen the first sound advance towards the great hope of future races; and let no considerations of national pride, still less any taint of national jealousy, prevent us from the full and grateful acknowledgment that it is to the great man, Henrik Petter Ling, we owe this first advance.

You will ask, where is the practical application of this vague philosophy? The study of the development of static deformities will give the answer; it is true that the *skeleton* invites static deformities; and these are

actually produced by habitual and constant assumption of postures in which the right share of responsibility is shifted from the muscles on to the bones and ligaments. Habitual postural faults in children are "attitudes of muscular indolence," or "attitudes of rest, in which the effort of the proper action of vital parts is shirked, and the weight of the body and the maintaining of the erect attitude are thrown upon the less sensitive and less exhaustible structures."

The line which our diagnosis must take, is that of the consideration of the precise direction which this shirking of muscular responsibility takes in each deformity; whilst we have further to ascertain upon what bony and ligamentous parts the weight is thus unduly thrown, the pathological changes of form and structure which these parts, and the disused muscles, are liable to, and the extent to which these changes have permanently fixed the faulty posture. Static deformities are examples of "*attitudes of rest, which are perfectly normal as passing and occasionally assumed postures, but which, when habitual and constantly assumed, become first fixed, and subsequently exaggerated, by pathological changes.*"

Our prognosis estimates the extent to which the posture has become *fixed*, and if fixed, then how far it is permanently *exaggerated*.

Our treatment is founded upon these principles; treatment is either physiological or artificial, and just in proportion as the habitual posture passes into fixation and exaggeration, is the relative place of the *physiological* and the *artificial* methods.

The physiological method is the really curative; it aims at educating the latent "deformity preventing" powers; and does so successfully, unaided by artificial methods, only up to that point where pathological changes have not yet gained such ground as to exaggerate the posture of rest, I absolutely condemn the idea that any man can claim to do his full duty to his patients, who asserts that he only employs physiological methods, and never the artificial mechanical appliances which act as the temporary props during the natural treatment in so many *advanced* cases of static deformities; you cannot tie yourself to any exclusive method in orthopædics, unless you refuse to undertake the treatment of

all cases which occupy ground where your one method must fail. You may treat static deformities which have not yet become stereotyped and exaggerated, by purely artificial appliances, and you will do harm, and be guilty of malpraxis; you may attempt to correct advanced stages of the same deformities by physical education unaided by artificial supports, and again you will fail, and will be guilty of contributing to the final catastrophe of the development of hopelessly incurable deformity.

I would suggest that the diagnostic study of every static case should commence, and be built up on a broad and general estimation of the way in which the failure properly to preserve the human erect posture has been brought about. The child has habitually kept its balance, but has not done so by the provided means; of course the articular surfaces of the bones concerned are intended to bear weight, and the ligaments also; but for healthy growth alternate stress and release, alternate work and rest, are the conditions alike for bone, articular cartilage, ligaments, and muscles; it is *constant* stress on one structure, and *constant* release from weight of another which leads to fixed deformity.

This fixation results first from the pathological changes in the ligaments, being aided by the changes in nutrition of the muscles; the changes in ligament are very simple, being merely those of stretching, thinning, and absorption of those ligaments which are situated on the convexities; and the contracting, thickening, and rigidity of ligaments on the concavities of abnormal curves or angles. Upon muscles, the effects of relaxation or passive stretching are as simple; a muscle, the origin and insertion of which are abnormally approached to each other, first attempts by active contraction to adapt itself to the altered position, and subsequently enters on a stage of "structural shortening," in which it loses contractile power, becomes inelastic to passive manipulation, and finally lapses into mal-nutrition and atrophy, whilst a muscle unduly and constantly stretched passes through a primary stage of apparent excessive irritability (which must be carefully distinguished from a spastic condition), and subsequently becomes thinned and atrophied, with greater rapidity than does the shortened muscle. The primary stage of stretching and attempted adaptive contraction in such a

muscle causes usually some aching pain, but the folded and shortened muscle is painless.

There are several practical deductions from these pathological facts with regard to the muscles; the modern and enlightened method of physical education as treatment in static deformities obliges us to form careful and precise estimates of the pathology of the muscles in each individual case, before we proceed to lay down our plan of education; I shall deal with the matter in more detail when speaking upon the treatment by muscular exercises of lateral curvatures of the spine; but, whilst I am speaking on the subject in this general way, I will just note that muscles which, through the relaxing and folding they are subjected to upon the concavities of deformities, have taken on the "structural shortening," are neither able to respond to voluntary impulses of the will, nor can they be passively stretched without risk of serious permanent injury, except the passive manipulation be very gradually applied over periods almost as prolonged as have accomplished the structural shortening. On the other hand, those muscles which are thinned and over-stretched on the convexities, have also lost their power of response to voluntary impulse; and their return to better nutrition and restored vitality can only be accomplished by an equally gradual process of re-position to the normal length.

I do not think that we sufficiently appreciate the extent to which both contracted ligaments, and shortened or lengthened muscles, can be restored to the normal by the patient and persistent application of skilled manual force; in my own experience I have learned to prolong the period of hopeful expectation of doing good in this way far beyond what is (as it strikes me) usual with orthopædists. The treatment is very tedious to all concerned, I grant, and it is often difficult to keep up the confidence of the parents of a deformed child in the ultimate probability of restoration; I do, nevertheless, emphatically urge you not to yield too easily to temptations in the way of short cuts by operations which remove or weaken structures essential to the normal part; I am speaking of children only, not of grown young men and women, or of persons of more adult age. When I come to deal with certain definite deformities, I hope to make clear to you the reasons which should lead us to take

other and more immediate operative measures, but I wish now to say that the plasticity of the tissues in childhood is almost unlimited, if only *time* and *extreme patience* be allowed their due place in treatment.

And with regard to the pathological changes in bone, due to abnormal incidence of pressure from undue habitual excess or the reverse, of weight bearing; the changes are simply defined, being those of hypertrophy with reduced solidity where less pressure than the normal falls; and absorption, lessened growth, with increased hardness and compactness, where the weight is constantly increased beyond the normal. But, even in the case of bone, it should be remembered that in childhood the bones are still plastic, partially ossified only, and to a great extent still amenable to moulding under skilled manipulation; still there come stages in all deformities of childhood, when osseous changes may be allowed to progress too far if operative measures are rejected, such stages are much more rarely seen than is the case with the ligaments, muscles, or their tendons.

I will give a note of warning as to a great source of error in orthopædics, it is a source of error to which the whole profession is liable, I mean the tendency to base our treatment upon a too exclusive study of *symptoms*, to the neglect of the original *causes*. Whatever the case may be in other branches of work, I am convinced that failure of treatment in orthopædics is often due to this error. The deformity itself, generally a secondary attempt of the body to correct or make up for some primary cause, is much more perceptible and compelling to the eye than the cause, and the cause is often so extremely slight and hidden, so out of proportion to its results, that we must always keep our minds clear to avoid the error of treating the effects whilst overlooking the cause, the matter is too great for me to attempt any full demonstration here, as examples, however, I may mention two cases in my own experience, one of a young lady with severe scoliosis, the result of a weakened flexor tendon of the great toe, and the other, also of scoliosis in a boy which was cured by a pair of spectacles. I leave you to exercise your minds as to the details of these cases.

I must here revert to the matter of the respective parts played by physiological and artificial mechanical

methods of treatment, as the remarks I have just made are connected with this point.

As a general proposition, I suggest that it is true that artificial appliances are not *curative* in their effects, this holds good in any case where *rigid* and *restraining* appliances are used, but there are elastic and "persuasive" appliances, which may be employed to educate by a constant gentle "reminding" the neglected muscles the indolence of which has been the cause of deformity. Such artificial appliances are curative, they are part of the physiological method. But, with regard to all rigid appliances (so terribly abused still in orthopædics), I assert that they can only be palliatives, temporary props which may occasionally have a place, as the scaffolding has in the repair of a building; to be removed when the real repair is sufficiently advanced to do without them. They do not attack the primary cause, but only come into force upon the pathological effects, and these effects will return when the artificial props are removed, unless meanwhile the primary faults have been eradicted by physical education. I say, the rigid appliances attack the effects only; and their part in treatment is measured by the extent to which the structural changes have been rendered permanent and exaggerated by time and neglect of early physiological methods; where they are employed as the sole treatment, they must confessedly act only to prevent worse results; and can only rightly be *solely* employed in deformities so seriously advanced that all hope of real correction has been abandoned with good reason.

These things have their place as temporary aids, but to depend on mechanical rigid appliances solely, is to confess to weakness, and inability to bring any real cure to the patient.

On the other hand, the method of physical education goes (or should go) to the root of the cause, the method fails where it is wrongly directed, where, that is to say, it treats the results only, and fails also when it is reduced to an empirical routine, without individual modification to meet the special needs of each case. I believe that one of the most backward and inaccurate branches of surgical treatment is that of orthopædic gymnastics; it is held in contempt by many surgeons, and will continue to be so estimated as long as attempts

are made to formulate fixed routine "systems" (of the "Holloway's pill" kind) with no regard to the fact that a fixed system can only be applied in such a matter as bodily exercises, where *the bodies to be exercised are all themselves formed on one fixed system;* and there is only one condition in which this can be the case, I mean the *normal condition;* but deformed children are NOT normal, their needs vary immensely. It is absurd to attempt to formulate what is frequently demanded, a "system of exercises for scoliosis," for example; the utmost that can be done in this direction is to group cases under typical headings, and apply some main line of treatment to each group, but in every group again there will be sub-varieties demanding further modifications in the treatment. I shall, however, deal more in detail with this matter in another lecture.

In conclusion, I wish to state my opinion that modern orthopædists are most seriously in error when they neglect physiological methods of treatment of static deformities, and that the advance of this branch of science can only be accomplished by more thorough working out of this, the *only really curative method.*

London, W.

ON ATROPHIC CONTRACTION OF THE VAGINA.

By EDWIN A. NEATBY, M.D.,

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

MRS. S. was sent to me about four months ago by Dr. Vincent Green from Dr. Molson's clinic on account of vaginal and pelvic pain and coloured discharge. Her age is 57; she has had five children, and menstruation ceased some years ago. For some years she had had thick yellow leucorrhœa, and during the last five months it had been blood-stained, especially so since Christmas last; it has never, to her knowledge, been offensive.

Dr. Green had noticed the presence of a vascular caruncle at the urethral orifice, and referred the patient to me for the decision of the question, whether or not

this growth was adequate to explain the patient's symptoms. I have on a previous occasion pointed out that urethral caruncle is one of the conditions which may be associated with coloured and possibly offensive discharge.*

That the case was not absolutely simple and straightforward became evident from a vaginal digital examination—indeed, the patient had prepared us to be on the look-out for something further by saying that her local medical adviser had told her that she was suffering from cancer.

Inspection showed the presence (as mentioned) of a urethral caruncle together with the surrounding red mottling so frequently seen around these growths and at the vaginal orifice. Some degree also of the smooth glazed appearance of the mucous membrane seen in old women, indicated the presence of commencing senile changes. The case, indeed, might be not unfairly termed one of early kraurosis vulvæ as far as regards the external and orificial conditions. The vagina was not roomy although the patient had had five children, and at its upper end the finger entered two or three blind pouches or pockets with narrow orifices. At the base of one of these a solid body was felt—presumably the cervix or its remains. The finger when withdrawn was found to be blood-stained.

Sensitiveness of the patient and rigidity of her abdominal muscles prevented a very full examination, and in the out-patient department the bi-manual method failed to discover the uterus.

After a few days' interval Mrs. S. was admitted to Ebury Ward for examination under anæsthesia.

The contracted condition mentioned above was again plainly felt, the upper part of the vagina being almost shut off from the lower by contraction of its walls—as if by a series of diaphragms. In one of these pockets—that to the right—the supposed cervix was felt. On the left, after a little manipulation, the finger passed up an inch or so into another pocket—this proved to be the left vaginal cul-de-sac more or less contracted and modified.

* *Monthly Homœopathic Review*, May, 1897.

On inserting a Sims' speculum, a depression at the base of the right hand pocket was seen, and into this a sound passed for nearly two inches, and was withdrawn slightly blood-stained. Through the abdominal wall the point of the sound could now be felt, but no thick walls were detectable by palpation, and only a small body like a cervix, either by vaginal or rectal combined touch, could be made out. To clear up matters, a few dilators were introduced and a small curette used. The walls of the cavity were firm and not very rough. Almost nothing was scraped away, nothing to lead one to suppose that any diseased condition was present. The curetting was accompanied by very little hæmorrhage. The caruncle, which was somewhat pedunculated, was ligatured.

I should have stated earlier that although the contracted condition already described was somewhat confusing, it did not itself give the impression of malignancy. The walls of the "pockets" were tense and resistant, as also their orifices, but they were not hard, solid, puckered, or giving the impression of being infiltrated. The os uteri was red, slightly rough and "shotty," and a small piece was removed for microscopic examination.

The clinical history certainly pointed strongly towards a malignant condition, but in spite of this I should at once have negatived that view had it not been for a previous experience which put me on my guard. This atrophic or contracted condition, apart from cancer, is not uncommon; but in one patient, who came under my notice about 18 months ago, beyond the diaphragm-like partition, a large cavity, with thick, but friable and readily bleeding walls was present. The possible association of a senile contraction with malignant disease, more or less out of reach or shut off by the contraction, must be carefully borne in mind. A case like that of Mrs. S. strongly suggests the atrophic or scirrhous form of cancer.

Since the curetting the patient has taken iodide of arsenic, and is quite free from pain and brown or red discharge. She has improved in colour and has gained flesh.

London, W.

RHINITIS CASEOSA.

By S. P. Alexander, M.D., M.R.C.S.

The following case, which has recently come under my observation, is of interest as affording an instance of a peculiar and somewhat obscure disease of rare occurrence.

Mrs. P., æt. 60, first consulted me in September, 1896, complaining of nasal obstruction and foul discharge from right nostril. This condition had existed since August, 1895, and appeared to be determined by cold in head. Examination with speculum revealed little but a general hyperæmic condition of the membrane, with turgidity of middle turbinate.

The case was put down as one of ordinary ozæna, and treatment directed accordingly. For a period of three months, antiseptic and astringent douches were employed, hepar, kali bich., and sanguinaria, being given at intervals internally. Sense of smell was lost, and taste diminished. As time went on, a mass of polypoid granulations sprang up, finally almost completely blocking the breathway. Several attempts were made to remove these with the galvanic snare, and finally to destroy them with the galvanic cautery, but with only temporary success.

A complication now set in, apparently of grave import, as suggestive of malignancy, and one that almost effectually prevented mechanical interference. This was excessive hæmorrhage, the merest touch with a probe being sufficient to induce alarmingly free bleeding. Styptics were employed, and the patient put on a course of thuja internally. Matters locally remained in *statu quo* for the next few weeks, the general strength of the patient declining somewhat. Symptoms of interest, in view of the subsequent development of the case, were tenderness over frontal sinuses, puffiness and feeling of distension over right antral region, and depression of spirits. On removing artificial teeth, a sinus communicating with antrum was discovered in the region of the old molars. Patient herself was unconscious of this, or of any discharge therefrom, and did not experience any unpleasant taste in mouth.

In March last the patient was seen by a specialist in town (allopathic), who was successful in removing the

larger portion of the polypoid mass of granulation tissue. On checking the hæmorrhage, which was very free, he found the middle meatus filled with an intensely foul putty-like mass, and was able to wash out some of the same material through the sinus in mouth. I am indebted to him for the term employed to style the case, viz., *rhinitis caseosa*. Microscopical examination of polypoid mass showed intense inflammatory infiltration, but no sign of malignancy.

On March 22nd I saw the patient again, and removed a considerable quantity of putty-like matter from the middle meatus, and then proceeded with ball syringe to douche the antrum with hot water. Introducing the fine nozzle well into sinus in mouth, and forcibly compressing ball, I was astonished to find a large mass of pultaceous matter force itself from right nostril, the stream of water finally coming clear. The mass of caseous matter proved to be a complete cast of the antrum, the contents of the latter coming away *en bloc*. The colour was greenish yellow, and the odour something *sui generis*—the horror of it surpassing adequate description. Relief experienced was immediate.

Microscopical examination of the caseous mass, revealed a hyaline, slightly granular substance, with what appeared to be broken down pus corpuscles, the whole swarming with rod shaped bacilli.

March 25th. Discharge from nose has ceased, and water syringed through antrum, comes away clear from nostril. Transillumination with electric light in mouth shows antrum to be empty. Through speculum one can now see straight into antrum. The inferior turbinate is very loose, its upper attachment being nearly all ulcerated away.

April 2nd. No discharge. Some inconvenience experienced through food and fluid in mouth finding its way into antrum. No return of smell.

July 8th. The patient is now at the present date in an excellent state of health. Finds no discomfort or trouble of any kind in nose. Nasal tone of voice from obstruction has disappeared. Sense of smell and taste improved, though still deficient. Suction plate of artificial teeth, will not adhere firmly through air entering sinus in molar region.

And now as to the suggestions offered by this, in my experience, unique case. From the history, I incline to the opinion that the antrum formed the original seat of the disease. Some irritation, probably connected with the teeth, induced empyema of the antrum, the discharge through the natural outlet in middle meatus obviating undue distension, or experience of severe pain. As time went on, granulation tissue would spring up round the pus-bathed orifice, gradually occluding the outlet and penning up the discharge. Mainly, the serous element of this would filter through, part no doubt becoming absorbed, leaving a gradually increasing solid residue, viz., the caseous matter in question. Infiltration of this caseous material had also probably taken place into the other sinuses, viz., frontal, ethmoidal, and sphenoidal. The appearance of the cheesy matter was suggestive of a tubercular ætiology, but the evidence otherwise did not support the tubercular theory.

I was interested to find that my ideas were borne out in great part by Mr. Dudley Wright, to whose courtesy I am indebted for the following particulars as to this form of disease, and its literature. He tells me that he has come across only three cases of undoubted *Rhinitis Caseosa* in his practice, two of which were in the hospital, and one private. The average numbers of throat and ear cases in the London Homœopathic Hospital alone for one year is over two thousand, and this average has been kept up for the last three years, showing that the disease cannot be a very common one. As a matter of fact, some authorities either doubt or ignore entirely the existence of the disease. Bosworth, an American authority of great repute, does not mention it in his two-volume book on throat and nose diseases. Lennox Brown considers the essential lesion to be some necrosis of the ethmoid, and in one of Mr. Wright's cases, a great amount of caries (syphilitic?) was present.

Watson Williams says the disease exists, but little more.

Of German authorities, Shech and Gottstein do not mention it, but I am informed there is an allusion to it in the *Centralblatt für Laryngologie*. Dr. Strazza, of Florence, wrote an article on it, in 1891, in an Italian journal, an extract of which is to be found in the

Archives Internat. de Laryngol et Rhinol. He saw some cases, and from his study insists on the following :—

1. That the affection is unilateral.
2. That it causes obstruction.
3. That it is readily curable, once the caseous matter is removed.
4. No sign of any general affection (*i.e.*, constitutional). He considers the disease to be not a special local process, but an accident, occasioned by the impermeability of the nasal fossa opposing the exit of the products of secretion.

It will be noticed that my own experience in the present case coincides exactly with these observations.

Hill, of St. Mary's Hospital, found in three dissecting-room subjects a condition of rhinitis caseosa without any bone disease, and he thinks that the disease originates in one of the nasal sinuses—maxillary, ethmoidal or sphenoidal. The whole process reminds one very much of the formation of cholesteatomata in the "attic" of the tympanum, and the mastoid antrum and cells, though of course the pathology is not exactly similar.

Southsea.

REVIEWS.

Transactions of the International Homœopathic Congress in London, 1896. Edited by R. Hughes, M.D. London: Adlard & Son, Bartholomew Close, E.C. 1896.

Third Notice.

Our issue of May last contained a review of some length of those essays and communications, which dealt more particularly with the general principles of homœopathy. There still remain to be noticed a few papers which deal more or less with special subjects, but which are none the less interesting or important.

In Dr. Cartier's paper on *The Viruses of Tuberculosis in Homœopathic Therapeutics*, we have discussed a question which is at present engaging the thought of the whole medical world, irrespective of schools and parties. The possibilities of serum-therapeutics may be minimised by some detractors, but there is little doubt that the principle involved, and we believe it to be homœopathic, will influence, more than we can at present conceive, the whole course of future therapeutics. The special object of Dr. Cartier's paper was to draw attention to

the difference, long known to exist, between the ordinary tuberculosis of man and other mammals and that occurring in birds. The difference in their artificial cultivation and in their clinical aspects are pointed out, and from that suggestions are made as to the special use of their viruses. Generally speaking, Dr. Cartier's indications for the bacillinum aviaire (100th cent.) may be summed up in one of his concluding sentences: "If I were myself attacked, as the result of influenza, of measles, or of some weakening malady, with an incessant tickling and stubborn cough, with certain closely localized pulmonary symptoms; if I lost my strength and appetite; if, in a word, I were attacked by a bronchitis whose upshot was highly doubtful, and which caused apprehension of tuberculosis, I should not hesitate a single moment to try aviaire 100th upon myself." Such a dictum from Dr. Cartier carries great weight, and merits thoughtful consideration and careful trial when we are confronted with the grave pre-tubercular condition he so graphically describes. The discussion of this paper, opened by eminently practical critical remarks from Dr. Nankivell, of Bournemouth, was a particularly good one, and stands as a valuable contribution to our literature in this branch of therapeutics.

Ophthalmology claims a single paper, by Dr. Bushrod James, on *Strumous Ophthalmia*, in which the pathology, clinical appearances, local and hygienic treatment are fully entered into first. He then discusses at some length the indications for many homœopathic remedies. One point of interest we may note, and that is the use internally of argentum nit. in contradistinction to its caustic action.

Another special branch, that of otology, was represented by no less than three papers, by Dr. Cooper, Dr. Hayward and Mr. Dudley Wright. The first two, the one a clinical study and the other pathogenetic, were discussed together at considerable length under the head of *The Possibilities of Internal Medication in Deafness*. Naturally, the question of operation on adenoids, enlarged tonsils and elongated uvulas, as a preliminary or concurrent measure to purely medicinal treatment, received some considerable attention, but the majority of speakers seemed to rely principally on internal medication. Some even went so far as to ignore pathological and local conditions entirely, and to trust to symptoms only, a course which we are inclined to deprecate. To follow it might in a few cases of ear disease be safe, but in the majority it would be disastrous. Modern pathology has done much to show the intimate connection between ear trouble and brain complications, and the more certain we are as to the

diagnosis of the former the more likely are we able to minimise the often fatal results of the latter.

The third paper dealing with the ear, on *Aural Vertigo*, was by Mr. Dudley Wright, who first approached the subject by a careful study of the physiology of the labyrinthine apparatus, and with this as a basis proceeded to analyse, with observation and experience to aid him, the claims of such medicines as bryonia, pilocarpine, quinine, hydrobromic acid, cocaine and tabacum.

Handbook of Homœopathic Practice. Instructions for the Clinical Examination of the Sick and their Treatment according to Homœopathic principles, with complete dietary, and special reference to Tropical Diseases. With 186 illustrations, both plain and coloured, and 2 coloured plates. By C. G. PUHLMANN, M.D., Literary Director of the Homœopathic Pharmacy of Leipzig. Translated by J. FOSTER, M.D. Leipzig: Dr. William Schwabe. 1897.

WE are pleased to see this work, both for its own sake and as an indication that our German *confrères* are up and doing. The world owes a debt, which it can never pay, to Germany for giving to it Hahnemann and his beneficent system of drug treatment. It is consequently with pleasure that we see any indications that in its native land there are those who so thoroughly value and carefully practise and teach homœopathy. For we must not forget that our German fellow-practitioners, even in homœopathy, as in all other departments of medicine, are a great teaching people. We are told, for instance, that at Leipzig more than a hundred physicians in a year repair to the homœopathic poliklinik.

To make this work of real therapeutic value, upwards of 80,000 cases from a variety of public and private sources have been consulted. Only indisputable cases of recovery after the use of certain drugs or treatment have been admitted, so that the work may not be a fallacious guide in the treatment of the sick.

In the preface it is frankly stated that "it is not a work for experienced homœopathists," and we may add, from the purely medical side, nor for fully qualified medical men. In addition to introducing homœopathy in a sensible and scientific manner to enquiring physicians, it is intended for officers on board vessels, missionaries, etc., who require a certain acquaintance with medical knowledge. Indeed, we are informed from private sources, that the idea in its issue is rather for circulation in India than here. As such we give Dr. Puhlmann's work a cordial welcome. We know there are many Europeans and Americans in the Indian and

Chinese Empires who are separated by hundreds of miles, or even weeks of time, from qualified medical aid, and these foreigners, men and women, are obliged to prescribe for themselves and their colleagues as well as for the natives by whom they are surrounded. If these amateur practitioners, before going into their isolated homes, have acquired even a smattering of anatomy, this work will be of enormous value to them; it contains enough information to enable them to diagnose and treat most of the straightforward cases they are likely to meet. Its pathology, though not exhaustive by any means, is clear, and without professing to give all the most recent views and theories is sufficiently modern for all practical purposes. These explanations render uncalled for any criticisms which would have been natural had the work claimed to be a complete system of medicine and therapeutics.

The book begins with a section on General Pathology, Clinical Diagnosis, etc., closes with a chapter on "Concise Materia Medica," "Weights and Measures," etc. The materia medica is, if anything, too "concise," but read in conjunction with the text of the book will be very useful. The typographical execution is good; printers' errors are few. Of the translation, we congratulate Dr. Foster on executing with a large measure of success a difficult task. Medical German is a difficult language to translate, unless a considerable latitude is allowed. The freer the translation very often the more clearly is the author's meaning expressed and greater elegance is produced. Here and there a breaking up of the long complex sentences might have been practised with advantage.

Pharmacopœia of the American Institute of Homœopathy. Published for the Committee on Pharmacopœia of the American Institute of Homœopathy. Otis Clapp and Son, Boston. 1897.

We have received the above too late for full review, but may remark in advance that it is the work of a committee appointed in 1888 to carry out a project partly formed in 1868 by the Institute on the motion of Dr. C. J. Hempel. The committee included such men as Drs. Arndt and C. Wesselhoeft and the late Dr. Dake, and these names are a guarantee of the standard of the book, which includes a bibliography and a full index.

This work is based on the British Homœopathic Pharmacopœia, but various changes are adopted, such as the use of the decimal system, the omission of references to therapeutics, etc.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The ninth meeting of the Session was held at the London Homœopathic Hospital on Thursday, June 3rd, 1897, the President, Dr. Madden, in the chair.

Section of Materia Medica and Therapeutics.

Dr. Hughes presented a paper by Dr. Bojanus, of Russia, a corresponding member of the Society, entitled *Lathyrism, a Contribution to Pure Materia Medica.* It was resolved that the paper be printed in the *Transactions* of the Society.

Dr. C. E. Wheeler read a paper on *Tuberculous Meningitis in Children and its Treatment.* The author first drew attention to the clinical difference between tuberculous meningitis and a non-tuberculous form, where the meningeal inflammation is constantly found in the posterior fossa, spreading either to the anterior part of the brain or the spinal cord. He referred to the admitted hopelessness of the prognosis in the tuberculous form, but quoted cases to show that recovery might in certain rare cases be possible. The first case he quoted was an infant of 11 months, who died after a five weeks' illness. Zincum, belladonna, lachesis and iodoform were administered during the progress of the disease.

The second case was a child of three, who was still living, though Dr. Wheeler had no hopes of its ultimate recovery. There had been a definite history of early tuberculosis, and more recently the child had suffered from measles. Lately symptoms of tuberculous meningitis had supervened. Belladonna, bryonia, sulphur, hellebore, lachesis and iodoform had been given, the latter seeming to have a marked beneficial effect. Tuberculinum had also been used, but without apparent benefit. The author then reviewed some of the cases of tuberculous meningitis said to have been cured by drugs, and pointed out the assistance that surgery is likely to offer in these cases, describing the methods at present adopted. He considered that trephining the occiput and draining between the medulla and cerebellum was a justifiable and in some cases a valuable operation. In discussing medicines he placed first iodoform; he used 2 grain doses of the 2x. Next to iodoform he placed zinc; he gave the metal in 3x trit. He referred briefly to belladonna, bryonia, lachesis, tuberculinum, apis and hellebore.

A discussion followed, taken part in by Dr. Madden, Dr. Dyce Brown, Dr. Edwin A. Neatby, Dr. Jagielski, Mr. Wright, Dr. Hughes, Dr. Lambert, Dr. C. W. Wolston, Mr. Knox Shaw and Dr. Blackley.

Dr. Edwin A. Neatby then read a short paper *On Three Recent Cases of Malignant Disease of the Uterus, treated by Hysterectomy, with General Remarks on Diagnosis, and on the Early and Late Results of Operation.* Two of the patients were married women, aged 41 and 50 years respectively. The first patient really came for advice on account of an extensive perinæal laceration, and it was only elicited on questioning, that after 9 months' amenorrhœa she had had an irregular reddish discharge on and off for several months. For four months she had had vaginal pain darting upwards. The diagnosis of malignant disease was made, and this was confirmed by examination under anæsthesia and dilatation of the cervix. No involvment of the portio vaginalis was noticeable on digital examination.

The second patient of the two suffered from irregular, profuse hæmorrhages, brought on (if absent) by exertion. A large cauliflower-like mass was found sprouting from the cervix. Both these patients had had large families, the second having recently gone through much anxiety. Vaginal hysterectomy was performed in both cases, and a quick recovery ensued.

The third patient appeared about 60 years of age; she had recurrence of free hæmorrhage and discharge, long after the menopause, and the uterus was greatly enlarged. The patient died after seven days, from cardiac failure, due to subacute septicæmia.

The immediate mortality of different operators varied from 8 to 20 per cent., and recurrences from 40 to 50 per cent.

In the discussion following the reading of the paper, Dr. Madden, Dr. Epps, Dr. Burford and Dr. Jagielski took part.

The tenth meeting of the Session, being the first of the

Annual Assembly

was held on Wednesday, June 30th.

The Medicine and Pathology Session carried out a clinical evening.

Dr. Burford showed a woman, the subject of renal calculus, for which she had been operated on three times in the provinces. She was still suffering severely. He sought suggestions for treatment. Dr. Madden, Dr. Carfrae, Dr. Blackley, Dr. Neatby and Dr. Goldsbrough discussed the case.

Dr. Edwin A. Neatby showed a patient with a large but subsiding fibroid. Dr. Burford and Dr. Carfrae discussed the case.

Dr. Goldsbrough showed a case of pseudo-hypertrophic paralysis in a boy aged 15. It was discussed by Dr. Carfrae and Dr. Blackley.

Dr. Blackley showed a case of psoriasis in a young child.

Mr. Knox Shaw and Mr. Dudley Wright showed a woman upon whom nephro-lithotomy had been performed three years previously with complete success.

Dr. Bodman showed for Dr. Moir a case of heart disease with marked pulmonary murmurs, probably of congenital origin, but with no cyanosis. This case was discussed by Dr. Nicholson, Dr. Goldsbrough and Dr. Blackley.

Mr. Dudley Wright showed (*a*) a case of secondary syphilitic manifestation of the throat in a child; the probable source of infection being a tonsilotomy wound. (*b*) A large tumour of the breast in a woman aged 82. (*c*) A case of infiltration of the posterior wall of the pharynx (? syphilitic ?)

The second meeting of the

ANNUAL ASSEMBLY

was held on Thursday July 1st.

Dr. George Burford was elected a Fellow of the Society.

The report of the Council and the Treasurer's statement were presented and adopted.

Dr. Edwin A. Neatby was elected President for the ensuing session.

Mr. Dudley Wright and Dr. J. W. Hayward were elected Vice-presidents.

Dr. Galley Blackley was elected Treasurer.

Dr. Burford, Dr. Byres Moir, Dr. Epps, Dr. Goldsbrough, Mr. Johnstone and Dr. E. B. Roche were elected to form, with the above, the Council of the Society.

Dr. Hughes, Mr. C. J. Wilkinson, Dr. Dyce Brown, Dr. Lambert, and Dr. Epps were elected members of the Materia Medica and Therapeutic Section.

Dr. Byres Moir, Dr. Goldsbrough, Dr. Blackley, Dr. Epps and Dr. Day were elected members of the Section of Medicine and Pathology.

Mr. Knox Shaw, Mr. Dudley Wright, Mr. Johnstone, Dr. Burford and Dr. Edwin A. Neatby were elected members of the Section of Surgery and Gynæcology.

During the evening the following specimens were exhibited:—

(*a*). A series of microscopic slides showing human parasites, particularly those causing disease. (Mr. Johnstone).

(*b*). A slide of the bacillus of bubonic plague. (Mr. Johnstone.)

(*c*). A series of microscopic slides of various pathological conditions of the blood, specially stained. (Dr. Blackley).

(*d*). A series of microscopic slides illustrating diseases of the breast. (Mr. Knox Shaw).

(*e*). Specimens of cirrhosis of the liver, sarcoma of the uterus, acute intussusception of the ileum, cæcum and ascending colon, epithelioma of larynx, perichondritis of larynx, syphilis of larynx, multiple enchondroma of finger, renal and vesical calculi, calculous pyonephrosis, sarcoma of choroid, uterine fibroids, uterine carcinoma, etc., etc.

NOTABILIA.

POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

The lectures and demonstrations in this course were successfully continued last month. Of most of them we herewith present abstracts which will suffice to show the scope and aim of the various series. In this and subsequent issues we hope to present such of the lectures *in extenso* as are capable of reproduction in this form. We cannot in any case fully make up to our readers for the loss they have sustained where they have been unable to be present at this course of clinical instruction. No printed lecture can be of such value to the practitioner as the oral *leçons cliniques*, illustrated by diagrams, preparations, and still more by living examples of rare, difficult or special diseases. Full advantage has been taken of the large amount of valuable clinical material furnished by the Hospital, and in no case has the lecture been limited to the dull repetition of matter equally strikingly and correctly put in the ordinary text books.

It is with especial regret we find that Mr. James Johnstone, F.R.C.S., Pathologist to the Hospital, is unable to furnish us with any fuller details of his demonstrations than appeared in our last issue.

This eminently practical course of instruction in microscopic pathological anatomy and in bacteriology was followed by an enthusiastic and regular class, whose members had full opportunity of familiarising themselves with the necessary manipulations involved in preparing sections, slides, cultures, etc. To a large number of medical men bacteriology is a recent and mushroom-like growth—a field wholly new and full of mystery. The vast amount of literature on the subject, without ocular and manual demonstration of it, is only hopelessly confusing. A course such as Mr. Johnstone's—all too short though 12 or 14 classes are—would enable those who followed it intelligently to appreciate the labours of others, and satisfactorily to perform the simpler investigations for themselves, and would lay a solid foundation for any who might wish to proceed to a more extended study of any branch of the subject.

Never before has so complete a course of clinical instruction been ventured upon by the London Homœopathic Hospital staff, or such valuable clinical opportunities placed within easy reach of members of the medical profession who believe in the rule of similars in drug selection. We feel sure that the success of the scheme is most gratifying, and that another year, if the staff repeat these earnest and concerted efforts, a much larger circle of professional colleagues will avail themselves of the facilities afforded.

Medicine.

Diseases of the Heart. By Dr. Byres Moir.

Lecture V.—On Continued High Tension of the Arteries, and its part in the production of Chronic Heart Disease. The most frequent and important cause of prolonged tension is resistance in the capillaries, due to their contraction induced by the accumulation of excrementitious products in the blood.

In chronic renal disease before there is any heart failure, we find the typical evidence of over-tension in the arterial system, viz., hypertrophy of the muscular coats of the arteries, general thickening of their walls, or arterio-capillary fibrosis, and hypertrophy of the left ventricle.

Nature and causes of these changes.—Modern opinion regards the obstructions as existing in the capillaries, and the cardiac hypertrophy as the consequence of this impediment to the circulation.

Found in the following conditions: gout, constipation, lead-poisoning, anæmia, pregnancy, hysteria, migraine and at the climacteric.

Pathological effects on circulatory system, are first hypertrophy of the muscular coats of arteries, followed by atheroma and degenerative changes both in the arteries and walls of the heart.

Ætiology: Usually a high proportion of animal food and often also of alcohol, associated with sedentary habits and a minimum amount of muscular exercise.

Pulse tracings shown of high tension, in acute and chronic Bright's disease, glycosuria, climacteric, over-stimulation, gout, etc.

Treatment was then dealt with.

A patient, æt. 54, a woman, was shown, who had suffered for four years from fits. There was well marked atheroma of arteries, heart hypertrophied and dilated, action heaving, very irregular. The tracing was very irregular, showed no tension on account of compensation having failed. Systolic murmur at apex outside nipple line.

Other heart cases were also shown.

Lecture VI.: On Mitral Regurgitation, and the action of Medicines in Cardiac Dropsy. The notes of a case recently in the hospital with ascites and general dropsy were read. The urine passed in 24 hours after admission was 10 ozs.; slight improvement under apocynum and digitalis. Under strophanthus the quantity rose to 70 ozs., and the dropsy disappeared. The abdomen, which on admission was 39½ ins., was reduced to 29½ ins. The pulse tracings showed the steady improvement.

The action of digitalis, strophanthus, and apocynum upon the circulation was dwelt upon, and special reference made to the dangers to be avoided in the use of digitalis. Cases were given illustrating the diuretic actions of apocynum, and short account of the use of convallaria, caffeine, apis, arsenic, and mercurius in dropsy.

Cases of heart disease in the wards were then examined.

Diseases of the Nervous System. By Dr. GOLDSBROUGH.

Lecture V.—Neuritis.—Classification of cases of neuritis: 1. Pathological (interstitial and degenerative). 2. Ætiological (toxic, toxæmic, endemic, cachectic, etc.). 3. Anatomical (single nerve trunks affected, multiple, and symmetrical). Three cases exhibited. 1. The chorea case referred to in last lecture. 2. A diabetic case, with sensory symptoms only, accompanied by loss of knee jerks and hæmorrhagic retinitis. 3. A case of brachial neuritis,

Isolated neuritis. — Usually interstitial in character. Symptoms, diagnosis, prognosis, treatment. Remedies recommended: Aconite, belladonna, hypericum, arsenic (in high dilution), sulphur. Rest of affected part. Gentle warmth, or continuous greater heat, according to feelings of patient. Very feeble voltaic current with small positive electrode.

Multiple neuritis.—Very varied in symptomatology, but symptoms usually follow a distinctive physiological group, *e.g.*, the motor, sensory or co-ordinating spheres, which individually may be almost exclusively and symmetrically affected. Diagnosis.—Most important considerations are: 1. The existence of motor and sensory without central symptoms or radicular pains. 2. Correspondence of function and distribution in opposite limbs. 3. Tenderness of skin, nerve trunks, and muscles. Treatment:—1. Consideration of cause, and treatment for that in the first instance, *e.g.*, dipsomania, diabetes, lead poisoning, etc. 2. General measures: Use of stimulants, warmth, avoidance of fatigue, prevention of deformities. 3. Drugs: Arsenic, lead, copper, mercury, phosphorus, strychnine, bisulphide of carbon,

according to cause and present symptoms. 4. Electricity: Voltaism for nutrition of muscles applied with large electrodes; for pains, very weak currents from small positive electrode.

Lecture VI.—Two cases of Spinal Cord Disease for Diagnosis and Treatment.

Case 1. A boy, aged 13. A year ago had had chorea, from which he recovered. On May 5th he woke up in the morning and found he could not walk, owing to weakness in legs, particularly the left, and left arm. Admitted in this condition on 18th May. Gait spastic, dragging left leg; grasp of left hand weak; knee jerk weak on right side, exaggerated on left.

Diagnosis: (*a*) Seat of the lesion. Small focal lesion in lateral pyramidal tract, about the 7th cervical segment. (*b*) Nature of the lesion. Probably a sub-acute myelitis of a very slight character.

Treatment: Rest in bed. Lathyrus 1, a simillimum for the case.* The use of lathyrus in trituration of the bean was recommended, as it was from eating the bean lathyrism was first produced.

Case 2. A single woman, age 40, servant, fell from a height of 10 feet at 12 years of age. Six weeks afterwards weakness and pains in the back ensued, which have continued with more or less severity ever since. Present condition: No loss of sensation; hyperæsthesia of right side of trunk; pain in right shoulder, elbow and ankle; sometimes numbness all over; tenderness over first lumbar spine; grasp of right hand weaker than left, and right leg weaker than left; knee jerks exaggerated, especially right, with rectus clonus; slight ankle clonus on both sides. Patient is nervous; has dyspepsia, palpitation, and profuse menstruation with dark clots.

Diagnosis: (1) Original traumatic affection of right lateral tract and ground fibres. (2) Nature of the lesion, probably meningitis and slight myelitis. Present condition: Some chronic meningitis, with nervous congestion, and neurasthenia from climacteric period ensuing.

Treatment: Primarily, for latest symptoms, verat. vir., gelsem., ignatia; secondarily, for chronic condition, arnica in high dilutions, hypericum.

General Surgery.

On Monday, May 31st, Mr. Knox Shaw made *Appendicitis* the subject of a lecture demonstration. A young girl, who had had four attacks of appendicitis during the last three

* This case has since completely recovered. He remained in the hospital till the end of June.

years, was at the time a patient in Durning ward. The present was a quiescent period when it was thought advisable to operate with a view to the removal of the appendix. The appendicular *versus* the cæcal theory of this disease was first discussed. The position of the appendix was next described, its most common place being considered to be upwards and inwards along the lower border of the cæcum. A short time was given to the pathology of appendicitis, its most usual form being catarrhal, leading to stenosis of the canal, and often finally cystic dilatation.

A word picture of a case was then given, the various points connected with the diagnosis being commented on during the description, and charts of actual cases presented.

The forms of appendicitis were next discussed; and described as (1) fulminating or hyper-acute (very rare); (2) acute—terminating in (*a*) complete resolution, or becoming (*b*) relapsing or chronic; (*c*) recurrent appendicitis, or terminating in (*d*) encysted abscess; (*e*) septic peritonitis, from (1) perforation prior to the formation of protective adhesions; (2) rupture of an encysted abscess.

Treatment was next gone into, and it was pointed out that a large number of cases made an excellent recovery under such homœopathic remedies as belladonna, mercurius cor. and bryonia. The indications for operation were then given, the time for interference being generally found to be the fifth day in cases where pus was forming; and during the quiescent period in the relapsing or recurrent cases.

The patient was submitted to operation the following day, and made an uninterrupted aseptic recovery.

Genu Valgum: On Monday, June 7th, Mr. Knox Shaw showed a patient, the subject of advanced genu valgum. He described the rachitic and static forms, and as causes spoke of the bending of the shaft, the unequal growth of the epiphysis, and muscular weakness. He showed, on the skeleton, how in obtaining balance the weight of the body falls mostly on the external condyle of the femur. If this is increased by rachitic bending of the bones or muscular weakness, the internal lateral ligaments stretch and the internal condyle lengthens. He considered prognosis favourable in early cases when the treatment should be by rest, manipulation and light mechanical support. The various modes of operating were next discussed and the reasons given for considering MacEwen's as the operation of selection. The operation was described, and an opportunity of seeing it put into practice was given the next day, when the patient just shown was osteotomised.

Some points in the differential diagnosis of Cancer, Tubercle and Syphilis: On the same afternoon as the above Mr. Knox Shaw showed a man with a large swelling about the lower end of his right femur. This had been diagnosed in another London hospital to be a sarcoma and amputation had been recommended. Mr. Knox Shaw gave his reasons for differing from the diagnosis, and, although he could not obtain a direct history of syphilis, for considering the disease to be gummatous. The patient had been put upon iodide of potassium and was rapidly improving. He had pointed out in the Hospital Reports, Vol. I., that when sarcoma was accompanied with a rise of temperature it was sometimes difficult to distinguish it from tuberculous disease. He illustrated the points he was raising by quoting cases of gumma of the buttock, tertiary syphilitic ulceration of the scrotum, gumma of the lip, periosteal sarcoma of the tibia, sarcoma of the foot, and endosteal sarcoma of the tibia, where originally an error of diagnosis had been made.

The patient exhibited subsequently left the hospital quite cured.

A patient having been admitted into the hospital with retention of urine due to an impacted urethral calculus, the subject of *Retention of Urine* was chosen by Mr. Knox Shaw for his lecture on Monday, June 14th. The causation of the condition was first discussed, and was considered—first as to the condition of the urethra as affected by the prostate, by stricture, impacted calculus and ruptured urethra; then as the result of reflex spasm, due to operations about the anus, for hernia, hydrocele or varicocele; next from pressure on the bladder neck from uterine displacement, pelvic growths and malignant disease; as secondary to inflammations in neighbouring parts, as peritonitis, perinephritis, pelvic abscess, and ischio-rectal abscess, and lastly as occurring in diseases of the spinal cord. The various points as far as possible were illustrated by cases coming under the observation of the lecturer. The symptoms, diagnosis and treatment were fully entered into.

Mr. Knox Shaw, having to operate the following day upon a case of carcinoma mammæ, chose as the subject for his lecture on June 21st that of the *Modern Operation for Carcinoma Mammæ.* Having mentioned the want of success attending operations for cancer of the breast till within recent years, he laid down the latest investigations bearing on the subject, which he considered to be: 1st. That every mamma containing a cancerous tumour should be considered diseased throughout. 2nd. That the loose areola tissue intervening between the mammary gland and the pectoralis

major muscle contained numerous glandular offshoots and lymphatics, which, in cancer cases, are nearly always diseased. 3rd. That the skin over cancerous growths becomes easily infected through the ligamenta suspensoria of Cooper and their contained glandular processes and lymphatics. 4th. The certainty of the early implication of the lymphatic glands. The anatomical position of the glands affected in cancer of the breast were indicated. The extent to which the breast spreads over the pectoral muscle was emphasised. Mr. Watson Cheyne's latest statistics were quoted, in which 50 per cent. of the cases had no recurrence three years after operation.

Cases unsuitable for operation were first discussed. Then those cases in which operation would offer a reasonable hope of cure were carefully detailed, great stress being laid upon the importance of an early diagnosis. The necessities of an ideal operation were fully described, each step of the operation being fully entered into. The points insisted upon were free removal of the skin, and removal of the pectoral fascia, together with the costo-sternal portion of the pectoral muscle and the whole of the contents of the axilla.

The Cure of Hernia: Spontaneous and by Operation. This formed the subject of Mr. KNOX SHAW'S lecture on Monday, June 28th. He first discussed the chances of cure of hernia spontaneously, and showed from the statistics of the Truss Society that if the rupture appeared before the first year more than half the cases recovered, but that spontaneous cure rarely occurred if the hernia appeared after thirty. He considered that femoral hernia was never cured spontaneously. The necessities of a well-fitting truss were considered, and the importance, if a cure was to be achieved, of the hernia never descending during the treatment was insisted upon. Mr. Shaw next discussed the efficacy of the so-called radical cure, and mentioned that relapses were far from uncommon. He gave figures to show that the majority of surgeons advise their patients to use a truss after the radical cure. He considered that the evidence as yet before us does not warrant us in assuring a patient of a radical cure, but that we may tell him that if he wear a truss after the operation he may be assured he will have no further trouble. He considered the operation a very safe one with modern precautions. He thought operation justifiable: (1) in irreducible hernia, with adherent omentum; (2) where herniæ slip by the truss in spite of all efforts to restrain it; (3) that it should be attempted during the operation for strangulated hernia if the condition of the patient permits it. He considered it of doubtful propriety in easily controllable hernia and in children. He thought the

large number of operations devised for its cure showed the unsatisfactoriness of the operation in general. After discussing the various operations he stated that he had for some time past performed that devised by Kocher of Berne, and that he had been very pleased with the results. By means of diagrams on the black board the steps of the operation were explained.

Mr. Dudley Wright's fifth and sixth lectures were devoted to the consideration of tumours of the breast. These lectures were fully illustrated by means of cases and specimens, drawings and photographic representations, as well as by several excellent microscopic preparations, which were chiefly lent for the purpose by Mr. Knox Shaw. In the first of the two lectures the methods of examining the breast for evidences of tumours was demonstrated. It was pointed out that the history of the case was of the utmost importance, especially with regard to the occurrence of breast trouble during lactation, injuries, and also previous or present discharge from the nipple. A family history of cancer was also of importance.

Chronic lobular mastitis and its sequel, multiple cystic disease, was next gone into and cases shown. Then followed a description of simple chronic inflammation and chronic abscess of the breast, with illustrative cases.

Of tumours, fibro-adenoma, sarcoma and carcinoma were dealt with, and several well-marked cases of the latter, together with breasts of patients removed for the disease, were shown. Two of the patients, exhibited for malignant disease, were subsequently operated upon, and the method of operating and the outlook of operative interference discussed.

At the seventh lecture the commoner diseases of the rectum were considered. A case of internal hæmorrhoids, which had been submitted to treatment by a new method of injection, was shown, and the method demonstrated. It was shown that the patient was able to go about his work easily and without discomfort during the treatment, which was in the majority of cases perfectly successful, even though masses of piles which had become prolapsed and strangulated complicated the case.

The remainder of the lecture was devoted to the consideration of ischio-rectal abscess and its sequela of fistula, with the appropriate treatment of each.

Gynæcology.

Dr. Edwin A. Neatby lectured on *Prolapse of the Uterus and Vagina*. He indicated, in general terms, what constituted a downward displacement; referred to the arbitrariness of the ordinary divisions into varieties or degrees of prolapse. The

leading causes, intrinsic and extrinsic, were indicated, their frequency pointed out, and the symptoms, both local and general, associated with prolapsus were discussed. The elements necessary for success in treatment were mentioned. In some detail the treatment—hygienic, medicinal, mechanical, operative and gymnastic, was described, and the suitability of each method dwelt upon. The importance and great advantage derivable from physical exercises was emphasised.

Practical Orthopædics.

On June 5th Mr. Gerard Smith gave the first of his interesting lectures on some general principles in practical orthopædic surgery. The lecture opened with some remarks upon the philosophy of the evolutionist theory, which asserts that man is specially liable to deformities on account of his as yet imperfect attainment of the latest stage of animal advantage—the erect attitude; Mr. Gerard Smith strongly opposed the theory which involves the belief that the human body contains in itself faults of structure which invite deformity, even in the normal child; and he proceeded to show that every one of the supposed faults was met by complete provision of corrective mechanism, the abuse or neglect of which caused deformity.

Static causes of deformity—those established by the habitual assumption by weak children of "attitudes of muscular indolence"—were then dealt with on broad lines. The chief characteristics of these attitudes were sketched; and the fact was emphasised that all static deformities are, "the fixation and subsequent exaggeration of attitudes of rest which are perfectly normal as passing and temporary postures"; the injurious results of the incidence of body-weight upon the less sensitive bones and ligaments, through the shirking of duty by the muscles, were described; and the pathological laws which can be deduced from the effects of habitual rest postures were formulated.

The lecturer concluded with a strong claim for physiological methods of treatment of these static deformities, as opposed to the purely artificial and mechanical; and formulated some definite practical principles connecting diagnosis on physiological grounds, and the treatment indicated on the same grounds, whilst pointing out that the artficial methods have their place as adjuncts and temporary palliatives, during the really curative application of physiological treatment. The term physiological treatment, he took to imply the education of those protective and corrective muscular powers, the neglect of which had caused the deformity in each case.

The second lecture delivered was on the *Early Stages of Flat Foot due to static causes.* Mr. Gerard Smith explained that the comparatively rare forms of flat foot, caused by spastic contraction of the abductors, or paresis of the adductors of the foot did not enter into his lecture. He gave a brief description of the mechanism of the instep "arch," strongly contending that this structure is not an "arch," and demonstrating, by the aid of large drawings from the living subject, the fallacy of the still existing teaching that the human foot sustains the body-weight by the elastic yielding of the tarsus and the lengthening of the foot during the period of stress. He demonstrated fully the modern and correct view that the tarsus is a bow, and its formation and integrity is dependent upon the proper action of the "bow-strings," the flexors of the toes, the long flexor of the great toe especially, and the abducting and uplifting work of the tibiales posticus and anticus. The fact that the tarsus shortens, not lengthens, in the normal foot at the moment of stress was clearly demonstrated. The mechanism of all the "bow-string" muscles and tendons was fully described, and the lecturer proceeded to analyse the common postures of rest on the constant assumption of which the deformity of flat foot depends.

The usual stages through which these faulty attitudes cause the foot to pass in the production of flat foot were described as follows: The assumption of the posture of abduction, and with it eversion of the feet, being the posture of least muscular responsibility, results in the loss of the proper incidence of weight along "Meyer's line," the great toes resting on the ground outside this line; then the weight being thrown towards the inner side of the foot results in the sliding inwards and forwards of the ankles and astragalus upon the sub-astragaloid joint. The os calcis then rolls inwards on to its inner tubercle, and the astragalus thrusts the scaphoid before it downwards and inwards. The physiological treatment by the education of the abducting and flexor actions was explained with the artificial palliatives necessary as the temporary assistance to the true curative methods.

In the third lecture Mr. Gerard Smith's subject was *Static Genu Valgum, Genu Varum, and Faulty Development of the Femora in Growing Children.* He entered fully into the mechanism of the normal incidence of weight upon the articular surfaces of the knee joint. He pointed out the directions in which habitual muscular indolence produces danger of deformity, and the structural changes which result in the fixation and exaggeration of the vicious postures. The question of rickets

as being very frequently, if not always, the chief factor in these pathological changes was discussed, and the altered form of the bones, &c., described; these being not the causes of genu valgum, as is frequently taught, but the results of the prior cause of the vicious posture, which should be always kept clearly in mind as the indications upon which treatment must be based.

A patient under the care of Mr. Knox Shaw, then waiting in the hospital for osteotomy, was examined, and the advanced results of the earlier faults of posture demonstrated by the case.

The fourth lecture dealt with static deformities of the vertebral column. After describing the mechanism of the spinal column, with the normal action of the spinal and thoracic muscles, patients from Mr. Gerard Smith's out-patient clinic were shown, one of dorsal excurvation, or extreme round shoulders, and several of single and double lateral curvature; the application of the principles explained in the first lecture to the complex conditions of these deformities was discussed, and the line of physiological treatment likely to be most useful was explained. The treatment by the method of "rachilysis" in which the contracted ligaments on the concavities are successfully stretched, was explained, and the characteristics of the spinal ligaments discussed.

Mr. Gerard Smith's fifth lecture was a practical demonstration of the method of education by special gymnastics of the faulty spinal muscles. This demonstration was made possible by the kindness of Miss Jessie Sim, who has been cured of severe scoliosis by this treatment and of Mr. Gerard Smith's lady assistant, Miss Tozdri. The exercises were performed by Miss Sim with extreme accuracy and grace. Many of the nurses of the hospital were present at the demonstration.

Mr. Gerard Smith's sixth lecture was upon the non-static forms of deformity of the feet. Cases of congenital and paralytic talipes equinus, equino-varus and calcaneus were demonstrated; and the differential diagnosis between these forms was fully dealt with. With regard to treatment, Mr. Gerard Smith took the line of conservatism in tenotomy, until in each case the extent to which the stretching of ligaments and moulding of the soft bones would suffice to correct the deformity had been ascertained. This gradual manipulation no doubt is tedious, but is well worth the trouble it entails, in view of preserving the protective action of muscles and their tendons, which, in some cases, can be scarcely attained after tenotomies. The indications which

should warn us that tenotomy is necessary were fully discussed; and the order in which tenotomies may best be undertaken in various cases was described.

Diseases of Children.

The fifth lecture by Dr. Roberson Day was devoted to *The Rheumatic Diathesis*. The importance of the disease as met with in children was dwelt upon. The points of difference between children and adults were described, and the many manifestations assumed by rheumatism in childhood classified under at least eight, and possibly nine, different phases:—Chorea, subcutaneous nodules, endo-carditis, peri-carditis, erythema, arthritis, pleurisy, tonsillitis, muscular rheumatism. Each of these various conditions was described, and in most cases patients were shown who illustrated one or more of these features. It may happen that the same patient is the victim of two or more such lesions, (*a*) at the same time, or (*b*) at different times in his life; *e.g.*, a patient who was present had attacks of acute muscular rheumatism, which were always followed by chorea; others came at one time with erythema nodosum, and subsequently with endo-carditis. The need was emphasised of great vigilance in diagnosing and treating these cases, which, owing to erroneous ideas, are frequently overlooked. In speaking of treatment, the lecturer said the strong hereditary element must be borne in mind, and the greatest care taken with these children by way of *prevention*, the effects of rheumatism being so much more disastrous in children than in adults.

The sixth lecture was devoted to a demonstration of cases of special interest. Two patients, one with *spastic paraplegia*, and another with a *spastic condition of one arm* and a history of fits, were shown as illustrating the effects of infantile meningeal hæmorrhage. These patients formed the text for a brief lecture on this subject, the cause of the hæmorrhage, the common seat and the probable situation of the hæmorrhage in the two cases shown. There is frequently a history of convulsions, and mental deficiency is common.

The third case shown was a *Cretin* who had been under treatment for a considerable time and had much improved, although the case was complicated with fits. The thyroid extract had been used, and this led to a description of the recent work done in the pathology and physiology of the thyroid gland. Reference was made to a case of myxœdema (the adult variety) which had been successfully treated in the same way, and photographs shown.

Dermatology.

Dr. Epps took for his sixth lecture *Lupus Vulgaris*, and defined it as a neoplastic cellular growth. He remarked on its rarity in the United States, and then described a typical case, giving the symptoms and usual course. Then, taking the varieties, lupus disseminatus, lupus serpigniosus, and lupus hypertrophicus, and explaining the special points of each, he mentioned the liability to epithelioma forming on a lupus scar, and referred to Mr. Knox Shaw's typical case in the *Hospital Reports*, vol ii., and the rapidity of the growth of the cancerous tumours in this case, an interval of only nine months elapsing between the two plates. Under ætiology, Dr. Epps mentioned specially:—sex, females being in the proportion of 2 to 1; age, beginning between 8 and 16; the connection between lupus and tuberculosis of the skin, specially noting the rarity of internal tuberculosis in lupus, and its frequency, almost universality, in connection with tuberculosis of the skin (scrofulo-derma); and that in the latter the skin lesion is secondary; the extreme difficulty in finding the tubercle bacillus in lupus, and the rarity of phthisis in a lupus patient, but that careful enquiry generally showed a phthisical condition in the relatives, quoting Hutchinson. Under pathology, he quoted Unna, as to the direct inoculation of the tubercle into the skin, as in skin-wounds in making autopsies on phthisical patients or piercing the ears with a contaminated needle, etc.; and Crocker, that lupus is a neoplasm of the granuloma type, due, as first demonstrated by Koch, to the presence of the tubercle bacillus.

Under diagnosis, having again gone over the special symptoms, he differentiated from scrofulo-derma, squamous eczema, epithelioma, lupus erythematosus, and gummatous syphilides, and mentioned that when in doubt, and a diagnosis was important, you can do one of two things—inject 2 milligrammes of Koch's tuberculine; or better, remove a tiny piece of the growing edge and submit it to microscopic examination. Under prognosis, he mentioned the increased seriousness of cases with a well-marked phthisical history, and that the younger the patient the more active the disease and the less durable the cure. Under medicinal treatment mention was made of arsen., arsen. iod., kali bichrom., tuberculinum, thuja, vaccinin and hydrocotyle asiatica, and, when complicated with syphilis, Donovan's solution and the gold preparations.

Under hydrocotyle, reference was made to three cases of lupus reported by Dr. Franklin, of Michigan, in the *New York Medical Times* of 1881, where, if the diagnosis was correct,

the results were extremely satisfactory. Dr. Epps remarked that he had himself failed to get such good results with this remedy. A new remedy which he had tried was a trituration of erysipelas serum, 2 to 6 centes. He had hoped to get good results, seeing the effect of an attack of erysipelas on general lupus, but his results were negative. The remainder of the hour was devoted to describing the local treatment.

The seventh lecture was entirely devoted to demonstrating cases of lupus vulgaris of the face, ear, arm, finger, buttock and foot, and to showing photographs of a case much improved by thyroid extract, and another temporarily removed by an attack of erysipelas.

The eighth lecture was devoted to *Lupus erythematosus* and to *Herpes zoster, brachialis, facialis,* and *progenitalis,* mention being made of two cases of herpes facialis in which the temperature ran up to over 108°, in one of which the herpes recurred nine times. In the ninth lecture *Lichen planus, Prurigo,* and *Pruritus* were taken, and the cause and treatment fully described.

Ophthalmology.

On Monday, July 12th, Mr. Knox Shaw demonstrated the methods of diagnosis in *Errors of Refraction;* a subject he considered of considerable importance to the general practitioner, who should be able when consulted about a chronic headache, or some obscure neurosis, to recognise whether there is any refractive error likely to be the exciting cause. Each member of the class was supplied with a Frost's artificial eye, loaned by Messrs. Curry & Paxton. With this instrument a practical demonstration of the various errors of refraction is easily obtained, and the conditions to be seen in emmetropia, myopia, and hyperopia easily learned. The direct method and the shadow test, as applied to the discovery of myopia, hyperopia and astigmatism were exemplified and explained.

Throat and Ear Diseases.

Mr. Wright's fourth lecture was on the subject of *Chronic Rhinitis* and its results, namely hypertrophy and polypoid degeneration of the nasal mucous membrane. The relationship between these conditions and various "nasal reflexes," more particularly hay fever, was gone into, and the treatment suitable to each detailed. Special notice was given to the use of the cautery and nasal plough in removing hypertrophied turbinates, and the use of the saw to remove spurs of the nasal septum, which by their position and size were causing obstruction, was demonstrated.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The annual meeting of the members of this National Association was held at Buffalo, a large city in the neighbourhood of Niagara Falls.

Four hundred members were present, and two hundred candidates for admission were elected.

Preceding the meetings of the Institute, a Materia Medica conference was held, and important discussions extending over three sessions took place upon the "*Imperfections and Errors that have Crept into the Homœopathic Materia Medica, and the Means to be Employed for their Correction.*"

On the 24th of June, the President, Dr. J. B. Gregg Custis, of Washington, took the chair, and delivered the annual address, in which he dwelt upon medical education and on the State laws governing medical licenses. He also suggested the formation of an International Bureau of Homœopathy to be established at Washington, under the auspices of the Institute. The reasons suggesting this additional Bureau may be gathered from the following passage in his address, which we take from the *Hahnemannian Monthly*:—

"We all recognise the great advantages which, as citizens of the United States, we enjoy, and cannot forbear contrasting them with disabilities endured by our colleagues who are citizens of those countries where the Government controls medical education and practice. They can hope for freedom only by the creation, in the several countries, of a public sentiment sufficiently strong to overthrow old precedents. The establishment of the Bureau proposed would be of the greatest value to them. We should give them all the assistance possible, and, as was recently said in another connection, the greatest assistance would be afforded by the establishment of reciprocity of information. This can be made possible only through the establishment of a recognised centre to which such information could flow, and from which it could be disseminated for the accomplishment of the greatest good."

The meetings extended over six days, during which numerous papers were read and discussed at the different sections.

On the Sunday evening a memorial service was held in honour of deceased members in one of the churches of the City. Among those referred on this occasion was Dr. Joseph C. Boardman, of Trenton, N.J., the last of the founders of the Institute.

On Monday afternoon the election of officers for the ensuing year took place, with the following result: the President chosen was Dr. A. R. Wright, of Buffalo. The meeting-place for 1898 was chosen also, and the Mecca of the Homœopaths next year will be Omaha, Neb. The other officers selected

were: First Vice-President, W. E. Green, M.D., Little Rock, Ark.; Second Vice-President, Charles Gatchell, M.D.; General Secretary, E. H. Porter, M.D., New York; Censor, Millie J. Chapman, M.D., Philadelphia.

The meeting is described by our contemporary as having been "an unusually enjoyable one."

ROCHESTER HOMŒOPATHIC HOSPITAL.

The *Medical Century* (July, 1897) draws attention to the liberality shown by the citizens of Rochester towards their homœopathic hospital—the subscription account having reached the sum of $175,550.

The hospital includes various private wards built and sustained by generous individual donors, a surgical pavilion, and a cottage for contagious diseases.

Special gifts received during 1896 include a new ambulance on runners, a microscopical outfit, an X Ray outfit, a photographic outfit, and a special bandage winder. There is now under way a new surgical operating room, to be the finest in the country, at a cost of $7,000, supplied with all modern appliances and conveniences known to architectural science as related to surgical art.

The hospital is the pride of Rochester, and its citizens are ever ready to give practical aid to what has become an enjoyable charity. They love their hospital, and the supplying of its wants is a pleasure. Nor is the medical profession behind, for nearly 50 per cent. of the work is charitable.

MODERN HOSPITAL AND PRIVATE NURSING.

The *Practitioner* for June contains a particularly interesting account of *The Progress of Nursing during the Victorian Era*, by Miss C. J. Wood, sometime Lady Superintendent of the Hospital for Sick Children, Great Ormond Street. In this, Miss Wood traces the origin of the vast improvements which have been made in the nursing of the sick, during the reign of Her Majesty, to the "Nursing Sisters," founded by Mrs. Fry, in 1840. They are described as the "pioneers of district nursing." St. John's House, which owes its establishment to the zeal of Bishop Blomfield, Dr. Wordsworth, and his sister-in-law, Miss Frere, was set on foot for the purpose of "devising the means to provide nurses who should be requisitioned for hospitals, for the poor or for the rich."

Miss Wood then traces the steps which had led on from nursing being regarded as simply a religious duty, to one where technical knowledge was necessary to secure that degree of efficiency required to confer that advantage upon the sick

which the religious sentiment inspired the members of religious communities with the desire to provide.

"During this period" (1860-1880), writes Miss Wood, "the education and training of the nurses in hospital were undergoing a steady development; before 1860 the first object aimed at was the improvement of the nurse's moral character, and the grafting of the work on to the religious profession, whether under the auspices of Deaconesses or Sisters of Mercy. But as this new and very interesting field of woman's work opened out, and as the contemporaneous advance of medical science, calling for the services of educated women at the bedside was continually levelling up the work, the profession of sick nursing came to be regarded as a legitimate sphere for women. These educated, eager women were at last cordially welcomed in the wards, and the medical staff, with a praiseworthy generosity, put their knowledge and science at the disposal of the nursing staff, with the intention of giving them an intelligent interest in their work. These good intentions have, alas! resulted in some ways disastrously for the nurses and their teachers. As there is no recognised limit to the scientific course for the nurse, no lines laid down within which her technical training should run, it has been left to the teachers of nursing, to teach as much or as little as they liked, to make their instruction as wide or as narrow as they pleased, inducing an unhealthy competition, thus widening out the lines of the scientific course until it is merged in that of the medical student. From this cause there is now in existence a class of nurses who are uncertain as to their *raison d'être*, being bad nurses and quasi-doctors, who, having lost their way in the mazes of physiology, anatomy, and pathology, have missed the clue to the nurse's work, and not found that to the doctor's.

"With the teachers of nursing rests the blame for this *impasse*; in the teeth of remonstrance, and against professional advice, they have persisted in teaching the nurses on lines scarcely differing from those followed by the medical student, and have, moreover, initiated such a system of cram that the probationer of the present day cannot develop the practical side of the work, which is of infinitely more importance than the theoretical. To the bulk of women the medical profession is impossible; but there are some nurses who are ready to pose in the sick room as the doctor, not accepting the more limited sphere as the nurse, and in extreme instances ousting the general practitioner, the value of whose professional skill is often not recognised until it is withdrawn. Again we say the training is to blame; a section of the profession has, like Frankenstein, created a monster which will die very hard."

We are glad to believe that such nurses, if they exist, form an inappreciable minority, and that the knowledge of the danger is enough to ensure against its repetition or perpetuation.

Of private nursing, Miss Wood writes, "The medical attendant appreciating the services of the educated nurse in the wards, sought the same for his well-to-do patients, and from Devonshire Square, St. John's House, and a few hospitals, it became the custom to supply nurses for private nursing. By degrees, nursing institutions arose which supplied such nurses as a commercial undertaking. There being no standard of efficiency, the abuse arose that nurses, or so-called nurses, were engaged and sent out from these institutions with but a very scanty knowledge of the work they had undertaken; it was to the interest of the proprietor to have a large staff; it was to the interest of some nurses to obtain employment without furnishing very trustworthy credentials, and so the bargain was struck; but it was not in the interest of the patient. The temptation offered by the quick return of large profits multiplied these institutions, and the respectable ones suffered by being classed with those of shady reputation. This demand for the private nurse has reacted to the disadvantage of the hospitals; in the case of those which maintained a private nursing staff, the authorities were tempted to pass the probationers too quickly through the wards, or where the probationer came for her training, she was tempted to conclude this too hurriedly, so that she might begin to earn fees; in either case the result was to turn the hospitals into factories for the manufacture of so many nurses per annum."

After describing the great advance which has been made in the nursing of the sick poor in workhouses and in their own homes, the attempts which have been made towards organising nurses into a regulated profession, and a *résumé* of the efforts to solve the question of the registration of nurses with a glance at the Army Nursing Sisters—now a recognised branch of the Service—Miss Wood concludes her most interesting account of the growth and development of the nursing profession in the following suggestive sentences:—"We have now reached the nurses of to-day, having traced them from their foundress, Mrs. Fry. Would she recognise the scientific nurse of 1897 in her fashionable uniform as the descendant of her simple-minded 'Christian nursing sister' in her cottage bonnet? Is the self-sufficient private nurse, with her smattering of anatomy and the 'ologies,' the article that will best do the service of the sick room and safeguard the interests of the patient? Is the course along which we have been

leading the probationers of to-day the one that will best equip them to be handmaids of medicine and assistants of the doctor? Are not the conspicuous failures which stand out in relief against a background of honest, conscientious women, who are a credit to the profession they adorn, beacons to warn us off the rocks of overtraining, of that deterioration of motive which puts pleasure first and work last, of greed, of self-seeking, which, as cankers, are eating the heart out of good nursing? When such things are written about any profession, as during the last year have appeared about nurses in the lay press, when we have to own with sorrow that there is truth in the indictment, it is time to look to foundations, whilst the question arises to the lips, 'Are all the nurses at work in the 60th year of the Victorian era worthy descendants of Mrs. Fry, Miss Frere, Miss Florence Nightingale, Agnes Jones, and others, whose names will live for evermore in the roll of worthy women?'"

Miss Wood has evidently become seriously distressed by the impressions "the lay papers" or some other agents have created in her mind. We prefer to believe that her views are due to what we should call outside information. If her own experience of nurses corresponds to any extent with the pessimistic description she gives of the modern "self sufficient" nurse "in her fashionable uniform," she has been most unfortunate. We presume in her long experience she has pursued the course in training nurses which she believes to be wise, and which is different from the "overtraining" which she condemns. If the course which she advocates has resulted in the formation of even a noticeable sprinkling of nurses such as Miss Wood describes, we can only say it speaks badly of her plan. Our own experience, drawn from a wide variety of sources—hospital and private—has happily been very favourable. Either the heart of the nursing profession, which it is stated is being eaten out by impure motives, by pleasure seeking, by greed and self-seeking, has been curiously veiled from our view, or this painful form of cardiac disease is a *maladie imaginaire*—the creation of a hyperæsthetic brain, or a disappointed mind.

Were we even to grant, for the sake of argument, that these examples of monstrosity were at all prevalent, we should dissent from Miss Wood's view of the cause. All the "canker-ous" ills she names are supposed to be due to "overtraining.' If and where they exist they are far more likely to be due to insufficient or incorrect methods of training—teaching of an unbalanced, one-sided kind, teaching where the living example of nobility, unselfish devotion and purity of motive has been conspicuous by its absence. Together with this faulty teaching

there must have gone a singular failure in the choice of raw material. Such creatures as described are not due to a "smattering of anatomy and the 'ologies'," and they form no argument against the higher education of nurses, but are a strong indictment of the individual training and influences to which the nurses have been subjected. However, we are pleased to feel that the danger is needlessly exaggerated, and we trust that Miss Wood may find means of inculcating sounder ethics than she thinks now obtain.

We have seen with much pleasure, that Her Majesty the Queen has, during the Jubilee celebrations, expressed her sense of the value of modern nursing by conferring the Decoration of the Royal Red Cross upon Sister Louisa Watson Tullock, of the Army Nursing Service, in recognition of her services in tending the sick and wounded in Egypt during the period 1888 to 1894, and also upon Sister Mary Helen Ellis, Sister Mary Stanislaus Jones, Sister Mary Anastasia Kelly, and Sister Mary de Chantal Huddon, "in recognition of their services in tending the sick and wounded."

SPECIAL HOSPITALS.

A COMMITTEE of the Hospital Reform Association has been investigating the working of the special hospitals in the Metropolis; 41 have been examined, and of these 32 receive patients who contribute more or less towards their own expenses, and in some instances more than half the income of the institution is derived from this source. No share in the fees is given to the medical officers who earn them. In regard to the patient's means, the usual enquiry is "How much can the patient pay to the hospital," or "Can he pay a specialist's fee of one or two guineas?" and there seems to be no attempt to verify the answers. Though nominally "special," a great proportion of the cases are such as every general practitioner should be fully qualified to deal with, and the "special" hospitals receive cases of disease outside the limits of the specialty for which each nominally exists. Further, too many patients are treated in a given time. The recommendations of the committee include the employment of enquiry officers, the abolition of subscribers' letters, and the introduction of a system by which persons might obtain a specialist's opinion at a reduced fee, part of which should go to the doctor himself. In order to check abuses, especially private speculation, it would seem wise to create some central authority capable of advising the public as to the need for any proposed special or other hospital.

Such an authority it is imagined the Central Hospital Board

would be. Were the board a lay board it would have no better qualifications we believe for judging in this matter than the ordinary management boards of hospitals. If medical influence were large enough to make itself felt, prejudice would prevent justice being done to many small institutions, nominally represented on such board, but practically unrepresented.

THE HEART SYMPTOMS OF CROTALUS, LACHESIS AND NAJA.

Ravold, of St. Louis, says that the general neurotic action of the different snake poisons upon the heart is very similar, but it would be out of the question to attempt to get along without any one of them. The primary toxic effect of lachesis and crotalus upon the blood is disintegration, changing the fibrin so that arterial blood will not coagulate. With naja we have the opposite toxic effect, that of increasing the fibrin and red blood corpuscles, producing a tendency to coagulation. The principal centre of action of each is upon the pneumogastric, but the intensity and manner of action varies. Crotalus acts more upon the heart muscle because of the change in the character of the blood. The time is coming when crotalus will be to the heart troubles occurring in inebriate and syphilitic men what lachesis now is to the heart troubles occurring in hysterical women at the climacteric.

Crotalus has tenderness of the left side; palpitation; sore pain about the heart; feeling as if the heart tumbled over and over, or was trembling; pulse irregular, intermittent, feeble, may be dicrotic; passive hæmorrhage, where blood oozes from all the mucous membranes or into surrounding tissues, producing spotted yellow fever appearance; may have an extreme jaundice of the skin. Persons who recover from the rattlesnake bite suffer all their lives, as those who have once been the victims of alcohol suffer all their lives; but crotalus, homœopathically administered, will greatly modify that suffering and help the weak old tottering hearts to bear along the life current for a greater distance.

Lachesis is more intensely neurotic than crotalus, acting not only upon the vagi but on the sympathetic system. This accounts for its profound effect upon the sexual system. The pulse is more rapid than that of crotalus; chronic nervous palpitation; great shortness of breath; cramp-like distress; pulse very irregular. Lachesis has the greatest sphere of action upon the functional diseases of the heart, but it also has a limited application to those organic troubles that threaten the sufferer with sudden death, viz., aortic regurgitation and aortic stenosis.

Last we come to the king of all heart remedies, naja. Its field of useful action is that of organic heart trouble. Its action upon the mitral valves is wonderful. Having a well-defined presystolic murmur, with shortness of breath, palpitation upon the least exertion, short sympathetic cough when stooping, sudden, jumping, throbbing headache coming on after exertion. For this naja is given, and there is a change. The murmur decreases, and not because the heart is growing too feeble to make a murmur, but because the muscular tone is improving. Naja is also recommended by the writer for presystolic and systolic murmurs transmitted to the scapular region.—*Medical Arena* and *Hahnemannian Monthly*, July.

ARSENIOUS ACID IN EPITHELIOMA.

Cerny and Trunecek, of Prague (*Sem. Méd.*, May 5th, 1897), have used arsenious acid in the treatment of epithelioma. Trying it at first in powder form, then in glycerine, they found it acted best dissolved in equal parts of alcohol and distilled water. This is applied to superficial and ulcerated growths as follows: After cleansing the new growth vigorously, so that it is made to bleed slightly (for it is essential that the arsenical mixture should come into contact with the tissues in the presence of fresh blood), the application is painted over the surface and allowed to evaporate, no dressing being required. This is followed by a bearable amount of pain, and next day the growth is covered with a slough. The surface of this, which turns from yellowish to black as the treatment continues, is painted daily until the necrotic process has involved the entire mass of the growth, and a line of demarcation appears. When the mummified slough is quite loose it is removed by snipping through any remaining fibrous bands. The arsenic is then applied to the base of the ulcer; if next day it is covered with a thin, easily removable, yellowish film, there are no carcinomatous elements left, but if the slough is dark and adherent, the treatment must be continued. The strength of the arsenical mixture should be 1 in 150 at first; as the slough becomes thicker, this must be increased to 1 in 100, or even 1 in 80. The resulting ulcer is then treated according to ordinary surgical rules. With intemperate patients, alcohol must be prescribed during the course. Cure is completed in the case of small malignant ulcers in from three to four weeks; extensive or recurrent growths require two to three months, and the application must be made daily. Photographs are given of successful cases before and after treatment, and also of microscopical sections of the growths. The three cases figured are all of malignant ulcers of the nose

in old people which had lasted from two to seven years. One patient died a year after of senile pneumonia, the second is alive now, and there has been no recurrence since the cure in January, 1896; the third also is alive and healthy, the cure being completed in July, 1896. The authors have also tried the treatment in ulcerated scirrhus of the breast, which improved, but did not remain under treatment long enough to decide whether the enlarged axillary glands might disappear. They conclude that the treatment (1) is indicated in cutaneous cancers without enlarged lymphatic glands, especially when they affect exposed surfaces such as the face; (2) it should be tried in epithelioma of the tongue; (3) in large ulcerated carcinomata it is at least a good palliative; (4) it never causes general arsenical poisoning, even when applied to the mouth daily for months. The arsenic is, of course, the chief ingredient in the mixture, but the alcohol is probably of importance by aiding the powdered arsenious acid in the presence of fresh blood to combine with the cancerous elements to form an albuminate. Why fresh blood is necessary and why the remedy does not affect healthy tissues is uncertain.—*Brit. Med. Journ.*

THE INFLUENCE OF LEAD-POISONING ON THE COURSE OF PREGNANCY.

J. Ballaud (Paris).—He poisoned ten pregnant rabbits by subcutaneous injections of the acetate of lead and by feeding with carbonate of lead; only two of these had labour at full term and viable young. In the statistics of Baudelocque's clinic in Paris there were thirty pregnant women in the last six years who showed symptoms of lead-poisoning. They had altogether eighty-two pregnancies with only twenty-four labours at the normal term of pregnancy; the remainder ended in premature labour or abortion. These women were employed as compositors, with painters, in a jewelry factory, or in the manufacture of artificial flowers. On further inquiry he found that pregnant women employed in these occupations, either aborted or gave birth prematurely to a sick child. He also fed a nursing dog with lead, and from this time on, the pups began to suffer and emaciate. Lead-poisoning is, therefore, a contra-indication to nursing.—*Hahnemannian Monthly* (June).

THE GENERAL ACTION OF CACTUS GRANDIFLORUS.

Dewey, of Ann Arbor, notes that cactus acts powerfully on the heart and arteries, as does aconite. According to Rubini it destroys congestions and represses irritations and does not

weaken the nervous system, as does aconite. He therefore considered it preferable to aconite in all cases of inflammations, especially in patients with lymphatic or nervous temperament. His views, however, have not stood the clinical test. It produces an irritation of the cardiac ganglia and seems to cause contraction, especially of the circular fibres of the heart. It also causes a carditis, and a pericarditis, thereby differing in its action from digitalis—digitalis not producing the latter affections and acting on all fibres of the heart alike. Cactus resembles bryonia, aconite and spigelia, rather than digitalis. It causes irritation, hyperæsthesia, neuralgia, spasm and palpitation of the heart. It also has a marked action on the pneumogastric nerve, which explains its use in constrictive asthma, acidity and indigestion. It seems to possess a periodicity resembling cedron, and it has been used successfully in intermittent fever.—*Medical Era*, May, 1897.

A PRESENTIMENT.

The *Société des Sciences Psychiques* listened with great interest to M. Dareste's paper on Sister Marie Madeleine's presentiments prior to the Charity Bazaar fire, where she met her death. She was 44 years of age, in good health, of very cheerful disposition. Two months before the catastrophe she said to her aunt, who was ill, that she (Sister Marie Madeleine) would die first. A fortnight before the catastrophe she said to a patient whom she was tending, "You will get better and fall ill again, but another will tend you. I shall be dead; they will have brought me back to this house burned." The day before the fire her sister wished her a successful sale. After she had walked a few steps she returned, and clasping the other sister's hand, said: "*Pauvre sœur*, if they bring me back burned to death, what will you say?" In the evening Sister Marie Madeleine, generally bright and cheerful, was downcast; this was generally attributed to the bad first day's sale. On May 4th, when passing through the parlour, she met the *aumonier*, and asked his blessing; she afterwards exclaimed in a tone of anguish, "Oh, my God!" That day her presentiment was verified.—*Brit. Med. Journ.*, July 3, 1897.

APOMORPHINE.

The following is an abstract of an article in the *Charlotte Medical Journal* for April, 1897. Apomorphia was discovered in 1868. Its manufacture consists in the action of HCl on morphia in sealed tubes at a high temperature. The base can be obtained from the resulting hydrochlorate of morphia by dissolving in water, adding excess of bicarbonate of soda, and

extracting by means of ether or chloroform. In short, apomorphine is morphia minus one atom of water. It is soluble in hot or cold water, also in alcohol. In powder it is snow white. The watery solution is at first colourless but soon turns almost black. Its action is more rapid and certain than any other emetic drugs, considering them to be tartar emetic, ipecac., and sulphate of mercury. One-tenth grain of the drug given hypodermically will produce the following symptoms: In scarcely one-half minute fulness of the head begins to develop; the pulse is quickened and increased in volume; the pupils slowly dilate; face is flushed; perspiration soon appears, the respiration is more frequent, the heart-beats become more rapid, and before two minutes elape emesis is produced. Then comes the reaction. Relaxation of everything, lasting about an hour. The eyes are sunken, the pupils widely dilated, the face is pallid and drawn. Muscular relaxation. Yawning, followed by sleep, and upon awakening all effects have passed away. Physiologically it increases the frequency of the action of the heart, due to the lowering of the arterial pressure. The superficial arteries become more prominent and hard to the touch; especially is this the case with the temporal. The qualities which recommend apomorphine are as follows: 1. Rapidity of action. 2. Absence of danger from overdoses. 3. Lightness of secondary effect. 4. Easy manner of introduction. 5. The shortness of period of emesis. The average time for its action is nine minutes. The English preparation is the purest, while that of the German has a trace of morphia.

The dosage for an adult is $\frac{1}{2}$ to $\frac{1}{15}$ grain. For a child 18 months, $\frac{1}{60}$ grain; 2 years, $\frac{1}{40}$ grain; 3 years, $\frac{1}{30}$ grain; 5 years, $\frac{1}{30}$ grain; 8 years, $\frac{1}{25}$ grain.—Woodward D. Carter, M.D.—*Hahnemannian Monthly*, June.

A CONTRIBUTION TO THE HISTORY OF ANÆSTHETICS.

Under this title our contemporary, *The Chemist and Druggist*, publishes the following interesting letter from Dr. Foy, of Dublin:—

Sir,—In your editorial "Anæsthetics," in your issue of June 12, you make no mention of Dr. Crawford Long, of Athens, Georgia. With your permisson, I shall state Dr. C. Long's claims to be considered the discoverer of the anæsthetic properties of ether.

In doing so I quote Dr. Long's own statement as originally published by Dr. Luther B. Grandy, of Atlanta, Georgia, in the *Virginia Medical Monthly*. It is as follows:—

"The first patient to whom I administered ether in a surgical operation was Mr. James M. Venable, who then resided within two miles of Jefferson. Mr. Venable consulted me on several occasions with regard to the propriety of removing two small tumours, situated on the back part of his neck, but would postpone from time to time having the operation performed from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapour of ether without suffering, and as I knew him to be fond of, and accustomed to, inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under the influence. He consented to have one tumour removed, and the operation was performed the same day. The ether was given to Mr. Venable on a towel, and when fully under its influence I extirpated the tumour. It was encysted, and about ½ inch in diameter. The patient continued to inhale ether during the time of the operation, and when informed it was over seemed incredulous, till the tumour was shown him. He gave no evidence of suffering during the operation, and assured me after it was over that he did not experience the slightest degree of pain from its performance."

The date of this, the first operation under ether-anæsthesia, is March 30th, 1842, four years prior to Morton's demonstration of ether-anæsthesia in Boston.

Dr. Long's second operation on an etherised patient took place on June 6th, 1842, and was performed on the same patient, his friend, Mr. Venable, as is thus described:—"This operation required more time than the first, from the cyst of the tumour having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted after the operation was over that the sensation of pain was so slight as scarcely to be perceived. In this operation the inhalation of ether ceased before the first incision was made."

In Dr. Long's ledger the following entries are found:—

James Venable, 1842, January 28, sulphuric ether	0.25
March 30, ether and excising tumour	2.00
May 18, sulphuric ether	0.25
June 6, excising tumour	2.00

On July 8, 1842, Dr. Long amputated the toe of a negro boy for disease.

On September 9, 1842, he extirpated a tumour from the head of Mary Vincent, of Jackson, Georgia.

On January 8, 1845, he amputated two fingers of a negro boy.

These operations were done in the presence of Jas. E. Hayes, A. S. Thurmond, W. H. Thurmond, and E. S. Rawls. The gentlemen, pupils of Dr. Long, certified to the facts on oath.

The circumstances which led to Dr. Long's first operation are thus described by himself in a letter to the Hon. D. L. Swain :—

"In December, 1841, a company of young men were in my office, and requested me to prepare some nitrous-oxide gas for inhalation. I informed them that I did not have the necessary apparatus for making it, but that I had an article which would produce like exhilarating effects, and which I considered equally safe. They expressed a desire to inhale it, and it was administered that night to most of the company. They were so well pleased with the effects that it became a fashionable pastime to inhale the ether, and I noticed persons, while under its influence, receive injuries which were sufficient to produce pain; but, on enquiring of them if they suffered any pain, they uniformly told me that they had not. I noticed one young man receive an injury to the ankle-joint, which disabled him for several days, and he informed me that he did not feel the slightest pain until the effects of the ether had passed off. Observing these facts, I was led to believe that surgical operations might be performed without pain, and proposed to the gentleman on whom my first operation was done that, if he would submit to the operation while etherised, I would charge nothing, or only a nominal fee, for operating."

Not wishing to trespass too much on your kindness by occupying too much of your space, I recommend such of your readers as desire more information on the subject to consult Dr. Long's paper, in the *Southern Medical and Surgical Journal* for December, 1849; Dr. J. Marion Sims's paper, which appeared, illustrated with a beautiful steel engraving of Dr. Long, in the *Virginia Medical Monthly* for May, 1877; Dr. Luther B. Grandy's paper, in the same journal, October, 1893; and, lastly, the paper contributed by Dr. Long to the Medical Society of Georgia in April, 1853.

No person is deserving of more credit for the vindication of Dr. Crawford Long than Dr. Laudon B. Edwards, the editor of the *Virginia Medical Monthly*, at whose suggestion Marion Sims published his paper in support of the Georgian to be considered as the discoverer of ether-anæsthesia. I have little doubt but that the forthcoming biography of Dr. Long,

upon which Dr. Luther B. Grandy acquaints me he is engaged, will finally settle the much-disputed question as to who was the discoverer of anæsthesia by etherisation.

Yours,

GEORGE FOY.

7, Cavendish Row, Rutland Square East, Dublin.

PEROXIDE OF HYDROGEN IN DISEASES OF THE NOSE, THROAT AND EAR.

DR. SCHEPPIGULE, of New Orleans, in an address before the Western Society of Eye, Ear and Throat Surgeons, says: "In diseases of the nose, peroxide of hydrogen is an important therapeutic agent. In ozæna a wash of a 25 per cent. solution is useful; or, after washing the nostrils with an alkaline or the normal physiological salt solution, the hydrogen peroxide, pure or mixed with an equal quantity of glycerin, may be applied locally by means of an atomizer or applicator with cotton, to remove or destroy any scabs or secretion which may be left. In this way the nostrils can be kept clean, and the offensive odour, which is one of the most unpleasant features of this disease, may be prevented. In purulent rhinitis a 5 per cent. solution, to which an alkali has been added, is useful. It is also said to be serviceable in controlling nasal and pharyngeal hæmorrhage.

"In membranous rhinitis, whether due to the Klebs-Loeffler bacillus or to micrococci, the spraying of the nostrils with a 20 to 50 per cent. solution is indicated, and has given me excellent results. My experience in diphtheritic rhinitis with this agent has been so satisfactory that I have not deemed it necessary to use the antitoxin in these cases, as this does not seem to prevent the post-diphtheritic paralysis, which would be the only reason for my using it in diphtheritic rhinitis.

"In specific necrosis in the nostrils, peroxide of hydrogen is an important agent, not only for its disinfecting properties, but also for controlling the horrible odour that is present in these cases. In diseases of the accessory sinuses of the nose, peroxide of hydrogen is so beneficial that I use it in all cases, whether of a maxillary, frontal, ethmoidal or sphenoidal sinus. In my opinion, it cleans and disinfects the infractuosities of these cavities more effectively than any agent that we have.

"In diseases of the throat, peroxide of hydrogen is used in follicular and other forms of tonsillitis and in specific affections, and is a sheet anchor in diphtheritic processes in this region. Long before the introduction of antitoxin, I have had excellent results from hydrogen peroxide in diphtheria, and even since the use of this serum I never fail to use the peroxide as a

valuable adjunct, and I believe it to have an important bearing on the results obtained. It attacks the membrane, disinfects the parts, and has no injurious effects when swallowed, which is more than can be said of many other antiseptics used for this purpose. In a recent case of laryngeal diphtheria, to which I was called in consultation, the stridor and dyspnœa were so marked that I was compelled at once to introduce an intubation tube. The tube, however, was repeatedly coughed out, and I then made use of a procedure which I had found beneficial in former cases—the injection of a 75 per cent. alkaline solution of peroxide of hydrogen directly into the larynx, by means of a laryngeal syringe. The relief given by this injection was so great that I was not compelled to intubate again, but simply to make these injections every four hours. The patient also received three injections of diphtheria antitoxin serum, which I made at intervals of twenty-four hours, and the child made a good recovery. Recently a German author called attention to the irritating effects of peroxide of hydrogen on the mucous membrane. This effect I have found in none of my cases, although this may be due to the fact that in employing this agent I make use of a small addition of bicarbonate of soda and that I adjust the strength of the solution to the requirements of the case.

"Diseases of the ear offer a good field for the use of peroxide of hydrogen. As a non-irritating antiseptic wash it is invaluable, as in the various forms of suppuration, especially when they are accompanied with a disagreeable odour. In diffused or circumscribed inflammation of the external canal, peroxide of hydrogen is useful after an incision has been made; and in suppurative otitis media, especially in neglected cases, a 5 to 15 per cent. solution is of great assistance. In cases complicated by inflammation of the mastoid cells, especially in the suppurative form, the indication of peroxide of hydrogen is clear, although this does not prevent the use of iodoform, aristol and other antiseptic agents.

"In acute cases of purulent otitis media a 5 per cent. alkaline solution should be used, as strong solutions are not necessary and may be injurious."—*Medical Record.* (*Hahnemannian Monthly*, June.)

THE ROENTGEN RAYS IN OSTEOPLASTIC SURGERY.

Ollier (*Bull. de l'Acad. de Méd.*, No. 20, 1897) points out that, thanks to the delineations obtained from the Roentgen rays, it is no longer compulsory to wait until the patient's

death before the actual dimensions and the exact form of newly-developed bone can be made out. The surgeon is now able to make an autopsy of such formations on the living subject, and to examine them beneath the soft parts almost as distinctly as if they were directly exposed. Two cases are recorded in which the extent and form of new bone deposited after free removal of necrosed tibia were clearly shown by large skiagrams. In one of these cases a portion of tibia about 11 inches in length had been removed from the leg of a girl 8½ years of age, and in the second the patient, who was 11 years of age, had lost about 9 inches of the lower half of the same bone. The drawings, taken some time after complete recovery, show in each case the outlines of the regenerated bone, which is less regular in form than that of the sound limb, somewhat uneven on its surface, but distinctly thicker than the opposite tibia. A third case is reported in which the picture produced by the rays showed a very satisfactory development of new bone produced by a long series of transplantations of periosteal and osseous grafts, practised with the object of filling up a large gap (about 10½ inches) formed after the removal of a large sequestrum in the tibia. The first attempt failed in consequence of necrosis of the graft, which was a portion about 6 inches in length, of the tibia of the sound leg, and the gap was not completely filled up until after repeated transplantation of fragments of bone from sheep and rabbits, and resection of a portion of the shaft of the fibula. Notwithstanding the failure of the effort to transplant a large fragment from the sound to the defective tibia, Ollier strongly advocates in such cases the practice of direct osteoplasty. The transplanted fragment, however, must retain its periosteum, for if this membrane be wanting the operation will certainly prove sterile. The healthy tibia, it is stated, is a favourable source for preparing osteoplastic grafts, as this bone speedily repairs any loss of substance. The picture taken by the Roentgen rays in this case shows that the gap formed by the removal of the long piece of bone has been almost completely filled up. Fragments of healthy bone taken from a limb amputated for the results of recent injury form, it is asserted, excellent grafts.—*Brit. Med. Journ.*

PECULIAR PEOPLE AND THEIR TREATMENT.

From the evidence reported in the *Dover Standard*, as given at an inquest held at Dover recently, it appears that the Peculiar People do not confine their peculiar methods of treatment to the members of their individual sect, but extend their care—or rather want of it—to persons outside their denomination suffering from infectious or contagious

diseases, and thereby become a grave danger to the health of the community. We learn from the report referred to that an inquest was held upon the body of a nurse named Ellen Clark, who died in the Home of Rest, St. James's Street, Dover. No medical practitioner had been called in to see her, nor had any medicine been administered to her, the Home being managed by the Peculiar People. The deceased was a nurse from the Mildmay Hospital, Stoke Newington, and came down to Dover for a short holiday. She was sent to the Home of Rest by a Mrs. Isabella Baker, who gave evidence that the Home was under her charge and belonged to her. When the deceased arrived at the Home she was observed to be very tired, and faint and sick, and after a short time became worse, and another nurse visiting the same home considered that the illness was from typhoid fever. No medical advice was sought, however, until after the death of Miss Clark, which took place on February 28th. It was admitted by the Lady Superintendent of the Home that the disease was recognised as typhoid from the second or third day, but no notification was sent to the authorities, nor was it considered necessary for a medical man to be sent for. "We trusted to our prayers and the Word of God to save the girl's life, and would rather trust to this than medical aid," so ran the evidence of those responsible for the well-being of the inmates of this "Home of Rest." The jury returned a verdict of death from natural causes, but added a rider that the authorities of the Home of Rest were greatly to blame for not calling in medical aid. The verdict might have been more strongly worded. So-called religious beliefs should not be permitted any longer to imperil the lives not only of those who hold to these beliefs but those of the community at large. We have been as a nation always tender with the religious idiosyncrasies of the various creeds inhabiting our empire, but we must not permit the health of the public to be endangered by the senseless fads of a sect, however large or small. Tolerance of such persons and of such beliefs is mistaken and dangerous.—*Brit. Med. Journal*, March, 1897.

CONGENITAL TEETH.

In reporting some cases of congenital teeth not long ago, Dr J. W. Ballantyne took occasion to point out that the fact that infants are occasionally born with one or more teeth already cut was well known to the ancients. Indeed, as he showed in a paper on the Teratological Records of Chaldea,* instances of the kind are mentioned in the very ancient cuneiform

* "Teratologia," 1894, i., p. 134.

inscriptions found at Nineveh. As showing the meaning which was ascribed to the occurrence, Dr. Ballantyne quotes the following passage from Holland's translation of Pliny's "Natural History":—"Certaine it is also that some children are borne into the world with teeth, as M. Curius, who thereupon was surnamed Dentatus, and Cn. Papyrius Carbo, both of them very great men and right honourable personages. In women the same thing was counted but an unluckie thing, and presaged some misfortune, especially in the daies of the KK. regiment in Rome, for when Valeria was born toothed, the wizards and soothsayers being consulted thereabout, answered out of their learning by way of prophesie. That looke into what citie she was carried to nource, she should be the cause of the ruine and subversion thereof: whereupon had away shee was and conveyed to Suessa Pometia, a citie of that time most flourishing in wealth and riches; and it prooved most true in the end, for that citie was utterly destroyed." M. Schurig, in his *Embryologia Historico-Medica*, published in 1782, collected a number of cases recorded by other writers up to that time. Tradition has it that several men, famous in history, were born with teeth. As instances, Dr. Ballantyne names Richard the Third, Louis the Fourteenth, Richelieu, Mirabeau, and Mazarin. Shakespeare refers in several places to this belief regarding Richard. In *Richard the Third* the Duchess of York says:

> Marry, they say my uncle grew so fast,
> That he could gnaw a crust at two hours old;

In the same play, Queen Margaret refers to Richard as:

> That dog that had his teeth before his eyes.

Richard himself says:

> For I have often heard my mother say
> I came into the world with my legs forward;
> * * * * *
> The midwife wonder'd and the women cried
> "O Jesus bless us, he is born with teeth!"
> And so I was; which plainly signified,
> That I should snarl and bite and play the dog.

Congenital teeth are rare. Of 17,578 infants born in the Paris Maternity between 1850 and 1868, only three had teeth, that is, not much more than 1 in 6,000. Yet Dr. Ballantyne has collected seventy records of cases from literature, and doubtless, as he says, many have escaped notice. In respect of sex the female shows a slight preponderance, which, if there be any truth in Richard's theory of the significance of congenital teeth, may perhaps be expected to increase with the evolution of the New Woman.—*Brit. Med. Journal*, March, 1897.

SONG FOR THE WHITE CORPUSCLE.

A little knight, all clad in white,
He watches for our foes;
He bears no dart, but brave at heart
And dauntlessly he goes.

Your Shakespeare's wit had never writ,
Your Raphæl never painted,
If this small knight, by day or night
Had from his labours fainted.

Oh, shall it then not shame us men,
To think our pride depends
On things as small as the fly's eyeball,
These scanty honoured friends?

But here's a song to right the wrong,
And here, O little knight,
Is health to you, and good thanks true,
And luck in every fight.

(From *Thistledown and Mustard Seed*, by ANDREAS BURGER).

OBITUARY.

DR. CHARLES BOJANUS.

THIS distinguished disciple of Hahnemann died on the 9th June. He did more than any other man to spread a knowledge of homœopathy in Russia. For several years he was physician to a hospital under Government in Nijni-Novgorod, respecting which he wrote an excellent book describing the treatment he pursued and its results, which were altogether favourable to the system of Hahnemann. He furnished to various International Congresses an account of the state of homœopathy in Russia, and his articles on various points of homœopathic practice and general and special pathology were very numerous. The German homœopathic periodicals were the chief medium through which he communicated his ideas to the homœopathic world. He had already attained an advanced age when his house and library were, two years ago, burnt down. The exposure and trouble which this accident occasioned told seriously upon his health, and compelled him to spend two winters in Tiflis. He had only returned from the Caucasus a couple of days, and seemed in pretty fair health and good spirits, when he was found dead in his bed, having passed away in his sleep. His loss will be greatly felt not only in Russia, but wherever homœopathy is practised.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Drs. BLAKE, J. FOSTER, GOLDSBROUGH, BYRES MOIR and Messrs. KNOX SHAW, GERARD SMITH and DUDLEY WRIGHT (London); Dr. P. WILDE (Bath); Dr. WOOLSTON (Bickley); Dr. ORD (Bournemouth); Dr. DAY (Hampstead); Dr. BLACK (Torquay); Mr. JOHNSTONE (Richmond); Dr. ALEXANDER (Southsea).

We are requested to state that Dr. WOOLSTON, of Bickley, Kent, has given up his London consulting rooms.

CORRIGENDUM. In Dr. DAY's lecture on page 416, line 2, for "legs" read "eyes."

BOOKS RECEIVED.

Pharmacopœia of the American Institute of Homœopathy. Otis Clapp & Son, Boston. 1897.—*Handbook of Homœopathic Practice.* By C. G. Puhlmann, M.D. Translated by J. Foster, M.D. Schwabe, Leipsig. 1897.—*The Homœopathic World.* July. London.—*The Chemist and Druggist.* July. London.—*Medical Reprints.* July. London.—*Annual Report and Balance Sheet of the Birkbeck Building Society.* London.—*A Plea for a State Medical Service.* J. Erskine, Glasgow and Halifax. 1897.—*The Medical Times.* July. New York.—*The Medical Century.* July. New York.—*The North American Journal of Homœopathy.* July. New York.—*The Journal of Ophthalmology, Otology and Laryngology.* April. New York.—*The New England Medical Gazette.* July. Boston.—*The Homœopathic Physician.* June. Philadelphia.—*The Hahnemannian Monthly.* July. Philadelphia.—*The Clinique.* June. Chicago.—*The Hahnemannian Advocate.* July. Chicago.—*The Southern Journal of Homœopathy.* May. Baltimore.—*The Pacific Coast Journal of Homœopathy.* June. San Francisco.—*The Minneapolis Homœopathic Magazine.* June.—*The Medical Argus.* June. Minneapolis.—*The Homœopathic Recorder.* May, June and July. Lancaster, Pa.—*The Homœopathic Envoy.* July. Lancaster, Pa.—*Indian Homœopathic Review.* March and April. Calcutta.—*Revue Homœopathique Française.* June. Paris.—*Journal Belge d'Homœopathie.* May and June. Brussels.—*Revue Hom. Belge.* May. Brussels.—*Allgemeine Homöopathische Zeitung.* June 17, July 1 and 15. Leipsig.—*Leipziger Populäre Zeitschrift für Homöopathie.* July. Leipsig.—*Homœopathisch Maandblad.* July. Zwolle.—*El Propagador Homeopático.* May. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORTER, 12, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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PHYSICAL EDUCATION.

Among the varied illustrations of our national development during the last sixty years which have constituted the chief features of the commemoration of the reign of our most gracious sovereign Queen Victoria, few have been more interesting than the display of military drill and physical exercises at the Royal Albert Hall by the children attending the London School Board's schools. The Duke and Duchess of Connaught represented Her Majesty on the occasion, and in a communication made to the Board with reference to the attendance at the Royal Albert Hall of a member of the Royal Family, Her Majesty was pleased to say that she "regards with much satisfaction the importance which is now attached to the physical education of the young, and has heard of the excellent results which these annual displays have shown of the Board's efforts in that direction."

Lord Londonderry (the chairman of the London School Board) presided. About 500 children took part in the display, which began with military drill and was followed by one of the physical exercises, in which 11 schools took part, each sending a batch of 40 children. Swedish drill and exercises, free exercises, dumb-bell exercises, naval cutlass drill, Indian club exercises and

physical drill with arms by the boys from the Board's training-ship, "The Shaftesbury." All the exercises were exceedingly well done, and showed careful training on the part of the teachers.

The importance of physical education and the advantage of the training it gave were emphasised both by the Chairman and the DUKE OF CONNAUGHT. The former, in his speech when referring to the advantages of these exercises, said, "it must be remembered that, living as they did in the heart of the greatest centre of industry in the world, there were many ill effects in the matter of health which had to be contended with, and without exercises such as they had seen that day, in all probability the rising generation would grow up stunted in growth and feeble in health. Physical exercises must be conducive to the welfare of the rising generation. Only ten years ago physical education was taught but little in the schools, but the system had developed to such an extent that it now formed part of the curriculum of Board Schools, and, instead of elementary exercises, they had a carefully-elaborated scheme based on physiological principles, which was, as the School Board thought, carried out in all the schools with the greatest perfection. The endeavour was not to develop the bodies of the children by violent exercises, but by exercises of a careful character, and to develop a healthy constitution which should belong to every child."

The DUKE OF CONNAUGHT expressed his sense of the importance of this branch of education in the following words: "I am happy to think that the School Board recognise as much as I think most Englishmen do, how necessary it is amongst growing children to give them physical exercises; and it is more so year by year when the amount of brain work expected from growing children is so great. I cannot but think that if you overtax the brain you will often weaken the body; but where you recognise that the one must act as the counterpart of the other, I am sure that the result will be a satisfactory one." (Cheers.)

That the Board School committees of our populous cities have at length become alive to the importance of developing the bodies of the poor, and too often half-starved and generally neglected, children entrusted to them to be educated, is very gratifying and full of

promise for the physique of the workmen and soldiers of the future. Lord LONDONDERRY, as we have seen, said that "only ten years ago physical education was taught but little in the schools, but the system had developed to such an extent that it now formed part of the curriculum of Board Schools and, instead of elementary exercises, they had a carefully-elaborated scheme based on physiological principles."

How great and gratifying a tribute was here paid to the memory of our energetic and most genial colleague, Dr. MATHIAS ROTH! It is to his persistent determination and hard work, during more than thirty years, that the physical education of school children came to be undertaken at all. From 1854, when he addressed a letter on the subject to Lord GRANVILLE, until he retired from practice and left England to reside in the South of France, he never ceased, either by letters addressed to the Education Department of the Government, as well as by lectures and by pamphlets, to press upon the attention of the authorities the necessity of physical education, and the right principles upon which it should be conducted, and when, to the great regret of all his friends, he left us to enjoy a well-earned rest, he had the satisfaction of knowing that, owing to his efforts, 60,000 girls in the London School Board schools were being instructed in the elements of physical education.

We have already alluded to his appeal to Lord GRANVILLE in 1854 to induce the Education Department to promote the physical training of the young. This was afterwards published as a pamphlet, *On the importance of National Gymnastics as a Branch of National Education: A letter to Lord Granville.* In 1862 he had an exhibit, at the International Exhibition, of models illustrating the method by which this branch of education should be carried out, when he was awarded a prize medal "for models and efforts in behalf of physical education." When Mr. FORSTER introduced his Education Act, he dedicated a pamphlet to him advocating that physical education should be carried out to the same extent as it was with "the three R's." In 1879, nothing daunted by his want of success in attracting the attention of the Government to the subject, he published a pamphlet, teeming with facts of the greatest importance, entitled, *On the Neglect of Physical Education and Hygiene*

by Parliament and the Educational Department, in which he showed that while in England the evidence of recruiting officers, of H. M.'s Inspectors of Schools, and other authorities demonstrates that the physique of our population is degenerating for lack of information and scientific training, in Belgium, France, and Germany, and other Continental countries, physical education is carefully studied and regularly enforced with the greatest advantage to the young and growing section of the community. To obtain reliable data for this essay he sent his eldest son, then recently admitted to the profession, to make a series of enquiries as to the degree and kind of attention paid to physical education in Belgium, Prussia, Austria, Sweden, Saxony, Hesse-Darmstadt, Baden, Switzerland, Hungary and Russia. In all, Mr. ROTH found gymnastic exercises to be more or less insisted upon as a part of the education, not only of the boys, but also of the girls in *all* schools.

Some time after the appearance of this essay, Dr. ROTH gave courses of lectures on physical education, and instruction as to the method of carrying it out, to some of the teachers of the London School Board. These continued for several years, when, ultimately, the School Board was induced to do something in the way of physical training, and in 1888 some 60,000 of the girls of the Board Schools were having the advantage of it.

Such is the origin of the display at the Albert Hall last July. It is a brilliant illustration of the reality of the French proverb: *Tout vient à point à qui sait attendre.* Dr. ROTH, once convinced of the importance to the country of his adoption of the lessons he had to teach, knew *how* to wait. His was not a waiting for "something to turn up," but a waiting during which he took every measure calculated to ensure that the general teaching of physical education should turn up. And it has done so.

The years of his energetic and industrious "waiting" were many and long, but the constant work, done by him during those years, has borne fruit at last. He has left us an encouraging example of the triumph which ultimately awaits the earnest and scientific pressing onwards of every great truth, the adoption of which is calculated to increase the happiness and ameliorate the condition of mankind.

POST-GRADUATE LECTURE ON PERNICIOUS ANÆMIA.

By J. Galley Blackley, M.B., Lond.

Senior Physician London Homœopathic Hospital.

Gentlemen,—My last lecture was devoted to the consideration of the commonest of the four primary anæmias —chlorosis. To-day, I propose bringing before you one which is fortunately comparatively rare, but which, when we are called upon to treat it, usually taxes our skill and fertility of resource to the uttermost. In this country it is commonly known as "pernicious anæmia," and on the continent as "progressive pernicious anæmia." Although usually associated with the name of Biermer, the Swiss physician, who bestowed upon it in 1868 the more extended title, there can be little doubt that the honour of its discovery belongs to Addison, who as long ago as 1855 described it and proposed for it the name of "idiopathic anæmia." Trousseau, again, in 1859, outlined the leading features of the disease with the hand of a master, but without proposing any new designation. The disease, as described by Biermer, consisted essentially in "a condition of profound anæmia, which, defying all treatment, steadily progresses, and as a rule terminates in death." I consider it preferable, however, to speak simply of "pernicious anæmia," for the reason that cases do constantly occur which are by no means steadily progressive, but exhibit many remissions and relapses before the ultimate fatal issue is reached.

The symptomatology of pernicious anæmia is both striking and extensive, and the first glance at a patient in an advanced stage of the disease is usually an impressive one, by reason of the excessive pallor of the skin and visible mucous surfaces. The former, in addition to being ex-sanguine, shows a slightly jaundiced or cadaveric tinge; it is, moreover, dry and harsh to touch. The face and limbs do not as a rule become emaciated, but remain round and fleshy, and the eyelids and feet are often slightly œdematous. On the skin of the lower extremites petechiæ and minute ecchymoses are common.

Temperature is usually, though not invariably, high at some period of the twenty-four hours, when it may reach 101° or 102° F. In the circulatory sphere we notice rapid pulse, palpitation on exertion, and frequent attacks of partial or complete syncope. When carefully mapped out, the cardiac dulness is often found increased, but this sign is not by any means so constant as in chlorosis; general hæmic bruits occur also with less uniformity than in chlorosis, and in their place we may have a bruit located in one or other of the valvular areas, strongly suggestive of valvular incompetence from dilatation. On examining the fundus oculi with the ophthalmoscope, minute hæmorrhages along the course of the retinal vessels are frequently seen radiating from the papilla. The lungs usually offer nothing very distinct in the way of objective symptoms, though dyspnœa is, with palpitation, usually a leading subjective symptom from an early period of the attack. Some fluid in the pleural cavity is not infrequently present. Of gastro-intestinal symptoms, the most striking are the exceeding pallor of the tongue and buccal mucous membrane; the former is, in addition, usually lightly furred and exceedingly smooth, whilst the latter in some places is hard, in others shows petechiæ. The gums also share in the general pallor, and are often the seat of small ulcers which bleed easily. Absolute distaste for food is the rule, and where forced feeding is resorted to, vomiting, with or without altered blood, is a usual consequence. The amount of free hydrochloric acid in the contents of the stomach is either below normal or altogether absent. Diminution of the motor activity of the stomach and retention of its contents has been insisted upon by some writers. Diarrhœa is a fairly uniform accompaniment of the above group of symptoms, and the stools often range in colour from bright orange to a deep mahogany tinge. The urine is high coloured and shows indican to be present.

The changes in the blood are of a very striking character, and although they do not appear to be *absolutely distinctive* of pernicious anæmia, but shared between it and the final stages of all fatal anæmias, the previous history of a case will rarely fail to distinguish the idiopathic from the symptomatic form.

The colour of a drop of blood as taken from the finger-tip or ear, is obviously much lighter than normal, and when spread out on a slide or cover-glass it appears streaky, as if the corpuscles and plasma were not intimately mixed; it is also preternaturally fluid, and drops off the finger very easily. This suggests a low specific gravity, and such is found to be present when the drop of blood is tested by Roy's method. Coagulation-time is increased, and rouleaux form imperfectly when a drop of fresh blood is watched under the microscope.

Red corpuscles in advanced cases are invariably much below the normal; counts slightly above or slightly below 1,000,000 are the commonest, though much lower counts have been recorded, as, for instance, in a case of Laache's, where the number stood at 143,000. In such cases as do remain stationary for a time, the number of red has a great tendency to remain at or about 1,000,000.

The two most striking features revealed by hæmatological examination in pernicious anæmia are: (1) the wide range of variation both in size and shape of the red corpuscles, and (2) the high proportion of hæmoglobin in individual cells. Microcytes are common, but increase in diameter is the rule, and giant cells (usually elliptical in shape) some measuring as much as 20 μ in diameter are fairly numerous. Almost infinite varieties of shape occur (a property shared with all profound anæmias), but the commonest are perhaps the battledore, the sausage, and the horse-shoe shape. Nucleated red cells (erythro-blasts) are a usual, but not an invariable feature, of stained blood-films.* The number per cubic millimetre varies from as low as 6 to as high as 7,000 (Cabot). If these are all, or nearly all, of medium size (normo-blasts) the prospects of improvement or recovery are good; if, on the other hand, none but megalo-blasts are found the outlook is most unfavourable. Under the name of "blood crises," Van Noorden lays great stress upon the appearance at intervals of successive crops of normo-blasts in the blood; he regards this phenomenon as being of favourable import, as it implies increased

* In *The Lancet* July 24th. 1897, Dr. Byrom Bramwell records a case successfully treated by him in the Edinburgh Royal Infirmary, where frequent and diligent search failed to reveal the presence of nucleated red cells at any time during the patient's stay in hospital.

activity of the red bone marrow and an evident effort on the part of nature to compensate for the destruction of red corpuscles which is taking place elsewhere. Amongst the total number of red corpuscles there are usually seen a certain number much paler than the rest; these are spoken of by German writers as "shadow-forms" (*Schatten*), and are usually the seat of pseudo-amœboid movements. The *leucocytes*, mostly of the small mononuclear variety, show marked decrease in number, about 4,000 being the average per cmm. *Blood plaques* and *fibrin* are likewise diminished. *Hæmoglobin* per cmm. is low, but is high per individual corpuscle; the corpuscular richness (obtained by dividing the percentage of hæmoglobin by the percentage of corpuscles) is therefore higher than unity, as you will see for yourselves in the case presently to be brought before you. As in chlorosis many of the circular corpuscles seen in stained specimens, are mere rings; others shew *polychromatophilia* (*i.e.*, an affinity for all stains, whether acid, basic or neutral).

The most important characteristics then are the following:—

1. Red cells, range about 1,000,000.
2. White cells much diminished.
3. Corpuscular richness increased.
4. Irregularities of shape.
5. Increase in average diameter of red cells.
6. Polychromatophilia.
7. Megalo-blasts more than normo-blasts.
8. Lymphocytes numerous.
9. Myelocytes few.

The *differential diagnosis* between pernicious and other anæmias in their early stages is not infrequently next to impossible, but the difficulty lessens as the condition becomes more fully developed.

1. Chlorosis.—Here the number of red corpuscles rarely falls below 2,000,000; degenerative changes are less than in pernicious anæmia; megalo-blasts may occur, but are never in the majority; hæmoglobin per corpuscle is low, and whilst lymphocytosis is common to both, myelocytes are less common in chlorosis.

2. Anæmia of malignant disease.—The anæmia is not usually so great as in pernicious anæmia, though such

a condition is possible; where the anæmia is profound, leucocytosis is *invariably* present; the majority of the leucocytes being of the multinuclear variety. Where nucleated red cells are present, they are of the normoblastic, and not the megalo-blastic variety.

3. Secondary anæmias generally.—If the number of red falls below 2,000,000, leucocytosis will be present. The anæmia of tuberculosis and of nephritis is of the chlorotic type—*i.e.*, characterised by a relatively low percentage of hæmoglobin.

4. Leucæmia.—In infancy the two diseases are often very difficult to distinguish, as both may be characterised by enlargement of the spleen. In leucæmia the myelocytes are much more abundant than in pernicious anæmia.

In the matter of prognosis, although, as you will have gathered already, the outlook is always grave, one is warranted in dividing cases into two distinct categories (1) the severe and rapidly fatal class, and (2) those which are less severe, and run a slower course. The following table, for which I am indebted to Cabot,* is worth committing to memory:—

1. *Severe (rapidly fatal).*	2. *Less severe (slower course).*
(*a*). Extreme progressive anæmia.	(*a*). Remissions.
(*b*). Corpuscular richness high.	(*b*). Corpuscular richness normal or low.
(*c*). Increase in size of red cells.	(*c*). Normal-sized cells.
(*d*). Degenerative changes.	(*d*). No degenerative changes.
(*e*). Numerous megalo-blasts.	(*e*). Few megalo-blasts.
(*f*). Few or no normo-blasts.	(*f*). Numerous normo-blasts.
(*g*). Lymphocytosis.	(*g*). Normal percentage of multinuclear leucocytes.

What is known of the morbid anatomy of pernicious anæmia is striking rather than extensive. This may

* *Clinical Examination of the Blood.* London: Longmans. P. 131.

best be realised by the following report, at the hands of an accomplished pathologist, of the *sectio cadaveris* of E. H., a rapidly fatal case recently under the care of Dr. Moir in Hahnemann Ward, who died nineteen days after admission:—"*Sectio cadaveris.*—The whole of the mucous membrane lining the digestive tract was smooth and atrophied. The rugæ of the stomach were almost obliterated, and gastric follicles, duodenal glands, and solitary and agminated glands had almost disappeared. The liver readily showed the free-iron reaction when tested with hydrochloric acid and potassium ferrocyanide."

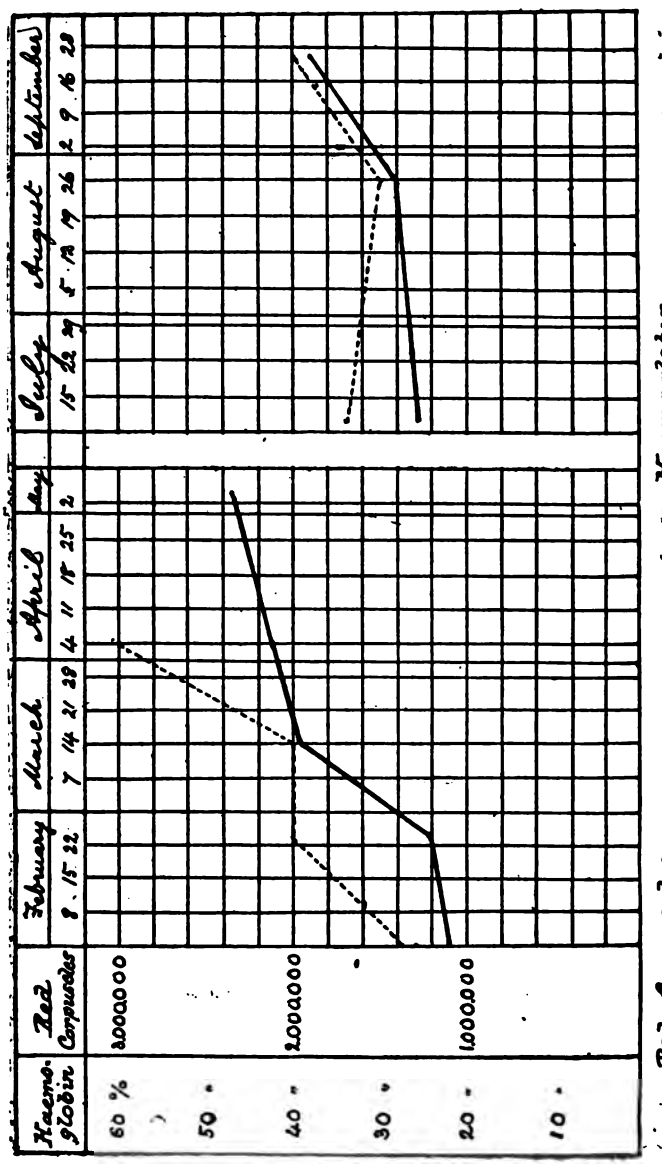
The mucous membrane, when examined microscopically, shows fatty degeneration and atrophy of the tubules. A mottled appearance of the endocardium ("tabby-mottling"), and the presence of friable light-coloured clots about the valves have been recorded. Perhaps the most striking change is that seen in the marrow of the long bones; its colour is changed from yellow to red, and on minute examination the fat cells are found to be replaced by nucleated red cells. Degeneration of the posterior columns of the spinal cord has been recorded in a certain number of fatal cases, but this appearance still needs extended confirmation.

Before going into the all-important question of treatment, I will bring before you, in illustration of some of the points mentioned above, Mary A., a married woman with seven children, living at Upton Park, Essex, who was discharged from the hospital on October the 10th last, after being treated for more than six months by my colleague Dr. Moir, and to whose courtesy I am indebted for permission to make use of his elaborate notes. An abstract of these notes reads as follows:—

Mary A., aged 51, married; seven children, youngest 14 years old. Is at the menopause. Illness of six years' standing. Principal features, in addition to anæmia, loss of strength and dyspnœa, are vomiting (no hæmatemesis) and anorexia. Has had several remissions followed by relapses, but not at any particular season of the year. Patient was in hospital twice, viz., from February 1 to May 5, when she was discharged "much improved," and from August 11 to October 10, 1896, when she was discharged "unimproved." Hæmatological table as follows:—

Name.	Date.	Red Corpuscles.	Hæmoglobin.	Corpuscular Richness.	Treatment.	Remarks.
Mary A., aged 51	February 1, 1896	1,110,000	27 %	1·3	Phos. 3x gtt. i. tert. hor. and red bone-marrow.	Poikilocytosis and microcytosis and small granules. Spleen large.
	„ 24 ...	1,240,000	40 „	1·8	Arsen. 2x gtt. ii. and red bone-marrow	Poikilocytosis and microcytosis; no megalocytes.
	March 14 ...	1,940,000	40 „	1·0	Phos. 3x gtt. i. and red bone-marrow	
	April 4	2,126,000	60 „	1·4	Arsen. 2x gtt. ii. and red bone-marrow	Size varies.
	May 5	...	...	...	... ...	Discharged much improved.
	Readmitted July 11, 1896	1,290,000	35 „	1·5	Phos. and bone-marrow...	Poikilocytosis; amorphous granules.
	August 25 ...	1,400,000	30 „	1·25	Arsen. 2x and bone marrow	Tenderness of tibiæ and sternum.
	September 20...	1,900,000	40 „	1·4	Arsen. 3x gtt. v. and bone-marrow	
	October 10 ...	...	...	...	Liq. arsen. ♏ ii.	Discharged unimproved.

Reduced to chart-form, the history is even more characteristic still, the hæmoglobin line during both



periods in hospital remaining persistently above the corpuscular line; in other words, the corpuscular richness was constantly higher than unity.

Since leaving the hospital on October 10th last, Mary A. has had the good fortune to be under the care of an enlightened local (allopathic) practitioner who has continued the arsenical treatment, with occasional interruptions, with the happy results which you see before you. She presents, indeed, few of the grosser symptoms formerly seen. Her colour is fairly good, especially that of the mucous membranes, she can walk upstairs slowly, bruits are difficult to make out, her blood, which is on the table under the microscope before you, shows very moderate irregularity in shape, and but few large red cells are found. The hæmoglobin, as estimated by Oliver's hæmoglobinometer, stands at 75 per cent., and the red corpuscles are just under 4,000,000. The patient's great complaint is of her inability to do her own housework still.

When called upon to treat a case of pernicious anæmia the selection of suitable nourishment is our first and most difficult duty, owing to the repugnance to food which is usually present. Where solid food cannot be taken, milk in large quantity, even to the extent of four or five pints a day, is usually well tolerated, with raw eggs or meat juice sandwiched in between. If the patient can take solids without inconvenience, well cooked meat, fish, vegetables reduced to a *purée*, cheese and fruit may be given, with light ale, white wine or small quantities of whisky. If the patient can stand transportation high mountain air is beneficial. In default of this, oxygen inhalations have on occasion been followed by good results.

In the matter of drug treatment, all who have written upon the subject are in accord upon one point, viz.: that iron has no influence whatever upon the progress of pernicious anæmia; and, I fear, the same must be said of phosphorus, which, upon the strength of the changes seen in the red corpuscles after phosphorus poisoning (poikilo- and micro-cytosis, fragmentation, &c.) has been frequently chosen as the appropriate remedy in pernicious anæmia. A closer study of recent cases of poisoning at once suggests the reason of our want of success, for we find that instead of a diminution in the

number of red corpuscles there is a very marked increase, rising in cases recorded by Taussig and Limbeck as high as 8,650,000 and 7,900,000 respectively. Phosphorus is evidently not a *simillimum*. With arsenic, however, we are treading upon safer ground, as you have seen practically demonstrated in the case of Mary A., where the very tangible improvement in the corpuscular readings, shown by the hæmatological table, are obviously the result of the exhibition of arsenic rather than of phosphorus. This improvement has evidently been more than maintained since she left the hospital, for under the steady administration of Fowler's solution, the red corpuscles have risen to 4,000,000 and the hæmoglobin to 75 per cent.

By far the best results hitherto obtained in the treatment of pernicious anæmia have undoubtedly been due to the administration of arsenic; and it is satisfactory to think that we possess in this fact another striking instance of the confidence with which we may look to the law of similia in our daily needs, for we find that when arsenic in the shape of Fowler's solution is administered steadily to a healthy human subject, marked diminution in the percentage of red corpuscles, and increase in that of hæmoglobin, are uniformly produced. Next to arsenic in its power to induce anæmia stands lead; and if we may judge by the numerous and marked changes wrought in the blood by saturnine intoxication we ought in plumbum to have another and powerful weapon in the fight with pernicious anæmia. These changes, which have been noticed by Hayem, Malassez, Limbeck and others, are as follows:—

1. Red corpuscles very much diminished in number.

2. Poikilocytosis and partial decoloration of some corpuscles.

3. Presence of large nucleated red corpuscles (megalo-blasts).

4. Hæmoglobin percentage much diminished.

If to this list be added the characteristic appearance of the gastric mucous membrane, due to atrophy of gastric follicles, which has been repeatedly found *post mortem* in cases of chronic saturnism (a condition in every way comparable to the atrophy and fatty

degeneration of the mucous membrane lining the digestive tract, which I have mentioned as being a prominent feature of the pathological anatomy of pernicious anæmia), I think we may fairly infer that we have in lead not a mere *simile*, but almost a *simillimum*.

London, W.

THE RARER USES OF SOME COMMON DRUGS.

By Theophilus Ord, M.R.C.S. Eng., L.R.C.P. Lond.

Physician and Visiting-Surgeon to the Bournemouth Hahnemann Dispensaries.

A striking testimony to the accuracy and completeness of that foundation-truth in therapeutics which constitutes our *raison d'être* as homœopaths, is seen in the light that modern pathology throws upon many of our well-known drug effects. Of these, until recently, we could only say that their action was in accordance with, though not explained by, the law of similars.

Some, however, of the drugs in common use appear to have properties which have been less often taken advantage of by those who practise homœopathically, and since some of these uses throw light upon recent pathological studies, I am glad to draw attention to them in the pages of the *Review*. Amongst these we may consider first the use of

Arnica in Venous Thromboses.

The painful thromboses which occur in the course of a vein after a phlebitis, are most generally treated by hamamelis or hazeline both internally and externally, and sometimes by pulsatilla or carduus marianus. Under these remedies progress is often slow and tedious, especially when, as often happens, the least movement or exposure precipitates a fresh attack and another thrombus is formed.

If now arnica be given internally, the blood clots are dispersed with surprising rapidity, and what is even more important, the tendency to relapse will be counteracted. Two recent cases will illustrate this action of arnica.

Case I.—Mrs. S., æt. 25, was expecting in two months her first parturition. She had developed extremely

varicose veins in both legs four months before; for these she wore elastic stockings. After a longer walk than usual, phlebitis occurred in the left saphenous vein for some eight inches in the thigh. The patient was kept in bed, hazeline compresses applied, and the same drug given internally. The symptoms abated, but the hard clot remained, and every attempted movement threatened fresh inflammation. It seemed probable that the patient would have to lie up until her confinement. However, arnica 1x was tried internally, and in a few days the thrombus vanished, also all pain and swelling. Patient was soon up again, and led an active life, without any return of the trouble, until her full time. She has had two pregnancies since, and though the veins have enlarged again to a limited extent on each occasion, there has been no return of phlebitis.

Case II.—An elderly lady, after erysipelas, had severe inflammation of the veins of both legs, causing several thrombi to form, the largest of which occurred apparently in the external iliac vein, a tumour the size of an orange being felt deep in the right iliac region. During two months the pain and swelling continued, and every movement caused a fresh thrombus to form in some part of the leg or thigh. The usual remedies were tried, and also phosphorus, but with little effect. Finally, arnica 1x was given, when in a week's time the iliac swelling dispersed, and no fresh attack occurred, the patient being soon able to go out in a bath-chair.

Although the provings of arnica show no instance of the drug having produced thrombi, its action in this disease is none the less strictly homœopathic. For we have abundant evidence of its action on the veins, and the tendency it produces to extravasation of venous blood from the capillaries. The general disposition to hæmorrhages and the formation of blood-clot clearly shown in the cases given in the *Cyclopædia of Drug Pathogenesy*, probably depend upon its selective action on that internal coat of the veins which is continued in the capillaries. The condition of this inner coating, when thrombi are found during a phlebitis, is probably precisely similar, only greater in degree, to that produced in the provers of arnica, who exhibited a tendency to venous capillary hæmorrhages. A blow, strain, or chill, too slight to do harm to a healthy person, would in anyone

suffering from continued poisoning from arnica be extremely likely to cause phlebitis with formation of clots.

The effects of inflammation upon the inner coats of a vein are stagnation and clotting of the blood, whilst the walls of the venous capillaries, which are directly continuous and identical in structure with the inner lining of the larger bloodvessels, become so weakened as to rupture and permit an extravasation into the tissues. This latter process is probably identical with that produced by poisoning with arnica. The same drug in small doses has the effect of neutralising this tendency by restoring diminished vitality of the internal venous coats and causing absorption of the clotted or extravasated blood. So, too, in blood extravasated after an injury. Arnica accelerates the natural recuperative powers of the part, healing the ruptured capillaries and stimulating the formation of new capillaries in the injured area, by which the blood clots are softened, broken down and finally absorbed.

It seems probable that this property of arnica is the prime cause of its value in the effects of injury. For all strains and blows produce some dissolution of continuity in delicate tissues, with consequent rupture of capillaries. From this result the usual appearances of bruising and subcutaneous hæmorrhage.

Two well known and striking examples of this action of arnica in absorbing blood-clot will be found in its action on the uterus after parturition, and its beneficial effects immediately after cerebral hæmorrhages. By tending to healing the ruptured vessel and removing the extravasated blood upon the brain, paralysis after apoplexy may thus be minimised or averted by the timely use of arnica.

Arnica in Chronic Bronchitis.

There is a peculiar and distressing symptom often met with in this disease, which it is perhaps not generally known may be promptly relieved by arnica. The subjects of chronic bronchitis, especially those whose arteries are degenerated, and when emphysema is present, on attempting to go out and walk a little after a winter's confinement, may experience a distressing pain in the chest. It is described as a "bruised weak

aching," often called "great sensitiveness of the chest." It is not necessarily accompanied by an increase of cough or expectoration, and is situated over the sternum and the sterno-costal articulations. This pain may be partly muscular, but it is chiefly caused by stretching of the sterno-costal articulations by increased efforts at respiration. After months of slow and feeble breathing in a chair or bed, during which the chest walls have grown stiff from disuse, it is easy to understand the production of this symptom on attempts being made to get about on warm spring days.

It is possible that this pain may also be caused by reflex efforts of the muscular elements in the bronchial tubes and broncheôles to expand them, and so admit the extra air which the unwonted exercise demands. Whichever may be the true pathological or physiological explanation of the symptom, a few doses of arnica in the 3x dilution will promptly remove it, and enable these patients to enjoy the little walks which are so beneficial to their general health.

Mercurius Biniodatus in Asthma.

Some time ago a friend of many years' experience in the successful practice of homœopathy, mentioned that he seldom failed to relieve or cut short a paroxysm of asthma by repeated small doses of merc. bin. 3x. This statement was the more surprising, as no obvious similarity between the effects of the drug and the disease occurred to one. However, in practice, I soon found that the hint was of value, and in my hands it has repeatedly relieved, in various patients, severe attacks of spasmodic asthma, especially when taken early in the paroxysm. Also, by giving a rather larger dose (3 grains of the 2x trit.) at bed-time, the usual nightly attack in chronic sufferers may often be averted.

It would be difficult to ascribe this action of merc. bin. to pure homœopathy, and the explanation of its value remained a mystery until Haig's "Uric Acid in the Causation of Disease" gave a pathological reason which it is difficult to refute. This book, which marks the most practical advance in old-school therapeutics that has occurred for some years, and would be read by all homœopathists with interest and profit, provides a theory which explains the behaviour of gout, rheumatism,

and allied diseases in their protean manifestations. Dr. Haig's hypothesis has the enormous advantage over the many useless theories that have been started with a similar object, of working out correctly in practice, and hence is of real value and assistance by the bedside. And further, it bears out and to an extent explains the action of many drugs which our school have for years used successfully in these conditions. Lastly Haig's uric acid theory of gout, etc., is based upon a long series of careful experiments in diet and medication, performed not on animals but upon the healthy human organism. Now, according to this observer, the asthmatic paroxysm is due to nature's attempt to rid the system of stores of uric acid that have been accumulating from food and elsewhere, for which purpose she periodically pours their over-plus into the general circulation for elimination by the kidneys. The temporary presence of this poisonous amount of uric acid in the systemic circulation produces vaso-motor paroxysm, with contraction of the arterial capillaries generally, but most markedly in any organ which is constitutionally weak or over worked.* Hence, by contraction of the capillaries of the lungs in asthmatics, the attack is produced. In other constitutions a "uric acid storm" will exhibit itself in different ways,—in brain workers by a severe headache, in others by bilious attacks, or influenzal catarrhs or even bronchitis and acute rheumatism.

It has been found that mercury and its salts, especially the iodides, tend to prevent this flow of uric acid from the liver, spleen, etc., into the circulation, and indeed render the blood unable to hold in solution a large quantity of uric acid and its salts. Chemically, mercury combines with urates to form an insoluble colloid substance which is inert, but it is doubtful whether this laboratory experiment represents correctly what occurs in the body. This fact, then, gives an explanation of the beneficial effect of merc. biniodatus in spasmodic asthma, since it clears the circulation of that poison which, by its contracting effect on the capillaries of the bronchioles, produces the distressing dyspnœa.

* That this is actually the result of a rush of uric acid into the blood has been proved experimentally.

This action of mercury probably underlies the undoubtedly beneficial effects of a few grains of merc. dulcis (also of the old-school grain of calomel) in biliousness as well as at the outset of many acute affections. The fact that a far smaller dose than our colleagues formerly believed in is now found sufficient for the purpose has not escaped the observation of Dr. Haig. In the book referred to, he mentions that the necessary dose is usually much less than could possibly act chemically by combining with the uric acid, and suggests a comparison between the remedy and the percussion cap that fires a gun, but does not supply motive power to the bullet. So nature only requires a push in the right direction to effect a cure herself.

Strophanthus in Urticaria and Anæmia.

As a useful heart tonic in many forms of debility and dilatation, strophanthus has now taken a recognised place; but, in the absence of any thorough provings, homœopathists have not discovered many indications for its use in other conditions. Having by clinical experience found it of great value in the two affections, urticaria and anæmia, a few notes on the subject may be of value to my colleagues.

For several years past I have found strophanthus, in 5 drop doses of the 1x tincture, of more general value in urticaria than any other drug. Especially in the more chronic forms, when apis mel. and chloral hydrate 1x (my two previous favourites) have failed or only given temporary relief, strophanthus has usually promptly cured. When there is any accompanying cardiac weakness, especially with palpitation, this gives an additional indication for its use. I am now treating a lady who has had constant outbursts of urticarial rash dating from an exposure to an offensive effluvium from a dead whale cast upon the sands here six months ago. The attacks would also recur after drinking a glass of table beer. Since taking strophanthus for three weeks there has been no sign of rash.

Strophanthus seems to have some specific action in anæmia of young women. Again and again have I seen cases in which iron had been given in vain, though in carefully selected forms, immediately and rapidly improve when strophanthus was given in alternation or in addition to

the iron preparation. Whenever palpitation and breathlessness are marked features in such cases, I always use strophanthus, and rarely without good results. Whether these effects are due to the tonic action of the drug on the flagging cardiac muscle, or to some direct action on blood formation, or on the nervous system, in the absence of good provings it is probably impossible to say. I have not obtained such results from digitalis.

OBSERVATIONS ON THE STUDY OF THE SYMPTOMATOLOGY OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

By Chas. Harrison Blackley, M.D.

Those members of our body who have, for some years, been readers of the *London Homœopathic Hospital Reports* will remember that in the volume for 1893 I published, in that journal, an article on the above subject. It will also be remembered that my method of working is by placing a coloured line on some part of the line of letterpress so as to indicate by the colour, and by the position this occupies, the particular symptom the drug will give rise to.

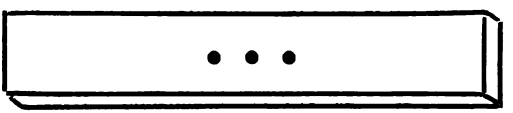
As an example, by way of illustration, one of the symptoms caused by aconite may be taken. Although aconite is very varied in its action on the human organism, one of its most prominent symptoms is, as every homœopath knows, the production of a pronounced feverish condition when taken in full doses. To indicate this a broad line of bright red is drawn through the body of the letters describing this symptom. And so through all the proving of aconite, a line of red is drawn through the body of the letters which refer to fever.

One of my colleagues has intimated to me that he has tried my method and has not found it to help him much; but that it has rather tended to add to the confusion, that the immense mass of symptoms, in some of our provings, is apt to set up. As this was, in some degree, my own experience, with the plan I followed at the beginning, it has occurred to me that it may have been the experience in other cases.

It may therefore be well if I describe my method of working, and also give some hint of how I find it useful. And here it may also be well to observe that the plan I

advocate does not profess to be a royal road to the acquirement of a knowledge of the symptomatology of drugs. It is simply a help; but it needs patience and perseverance. With these, I am persuaded it will amply repay all the trouble bestowed upon it.

In order to give a clear idea of my method, it will be well to enter into a little detail. In the first place, I provide myself with a piece of rule about double the size of the one shown in the sketch given below. I also



provide myself with a piece of glass tubing to be used as a penholder. On this is tied a quill pen, the nib of which can be cut to make any width of line that may be required. Equipped in the way described, I am now ready to go through the fever symptoms of aconite. The rule is placed under the fingers of the left hand, and is drawn slowly down the page from top to bottom, and wherever, in the history of the provings, a feverish condition is manifested, a red line is drawn through the body of the letters describing it. When the fever symptoms contained in the provings of aconite have been treated in the way explained, I then seek out another drug that has this symptom as one of its leading indications.

There are few, if any, drugs equal to aconite in its power of producing a feverish condition; and not many that have as wide a range of action.

This first symptom fully justifies the reputation aconite has won for itself (even among some of our allopathic brethren) as being nearly as valuable as the lancet was supposed to be in the old time; and of being able to cure the very condition it produces. Our brethren of the old school sometimes accuse us of changing our position, and of travelling in their direction. It is they who are changing their position, as witness their use of aconite and other drugs, and they might very well exclaim with Robert Burns:—

> "Oh wad some Power the giftie gie us
> To see oursels as others see us.
> It would fro monie a blunder free us
> And foolish notion."

When the whole of the feverish symptoms contained in the provings of aconite have been lined in the way I have described, then I seek out another drug that has this symptom as one of its leading characteristics. Camphor is one of these drugs, and as everyone, who is conversant with homœopathic practice, will know it is an exceedingly valuable remedy in some cases where a feverish condition is a leading symptom; it is consequently treated in the way I have shown above, by having the red line drawn through the fever symptoms. In the same way other drugs that have this symptom, more or less, as a leading condition may be examined and lined in the way described.

One great advantage of this method is that in seeking for any one class of symptoms, in the various provers, the search has to be made line by line, and the record is permanently made, so that it can be easily referred to again and read over *in situ* without being dislocated from the context. It is, in fact, almost as easily read as it can be in the *schema* form. In this way the mind becomes familiarised with the peculiarities in the action of a drug, and with the points of similarity it has with other drugs; and equally so with its points of difference.

After some half-dozen medicines have been dealt with in the way I have shown, I select some other drug for examination with quite another character of leading symptom. Let us suppose that I select crotalus for this purpose. We have here a drug of marvellous power and wide-spread action. Its principal action seems to be exercised upon the stomach. In almost every case of snake-bite by this reptile two of its leading symptoms were nausea and vomiting. Here the poison could only gain access to the stomach, or to the nerves governing the action of the stomach, through the circulation. Crotalus is one of the most powerful and, in its action upon the animal organism, one of the most widely extended drugs that we have in our whole list of poisons. It at once suggests to the mind such drugs as cuprum, tartar emetic, arsenic, &c., but it is far more powerful than any of these.* There is hardly an organ that it influences that it does not affect powerfully; but one of

* We are greatly indebted to our friend Dr. Hayward, sen., for the admirable proving he gave us of this powerful drug some years ago. (*Mat. Med. Phys. and Applied*).

its most pronounced actions is upon the blood. This it seems to disorganise completely.

For the symptoms caused by the action of crotalus on the stomach I use *green.** After the stomach symptoms of crotalus have been gone over I then select another drug to go over the same way. Cuprum is one that has, in its stomach symptoms, and especially in the violence of its action, a considerable resemblance to the action of crotalus. The same may be said of arsenicum and some other drugs; but the object here is not to indicate what drugs should be examined along with crotalus, but to get the student to seek them out for himself.

After some half-dozen drugs have been examined for their stomach symptoms I then select one that has a special action upon some other organ—say the heart. In this case I begin with digitalis. For this I draw a thin line of bright red along the upper part of the body of the letter, and wherever this line is seen it indicates that the pulse is more or less affected.

In this way all the remedies are placed in limited groups and to some extent classified. The great point is to go over the examination slowly and not to leave any drug before the mind becomes more or less impressed with its leading characteristics and with some of its peculiarities.

There is no way of getting a knowledge of the action of a drug equal to that of proving it on your own organism. Many of the early disciples of Hahnemann were diligent provers of drugs; and this, I think, accounted in many cases for their greater success in treatment which they were said to have in early times. We cannot, for various reasons, all be provers of drugs, but we can all do our best in other ways to increase our knowledge of their action. The more complete this is and the more successful will be our treatment of the sick.

Albany Road, Southport.

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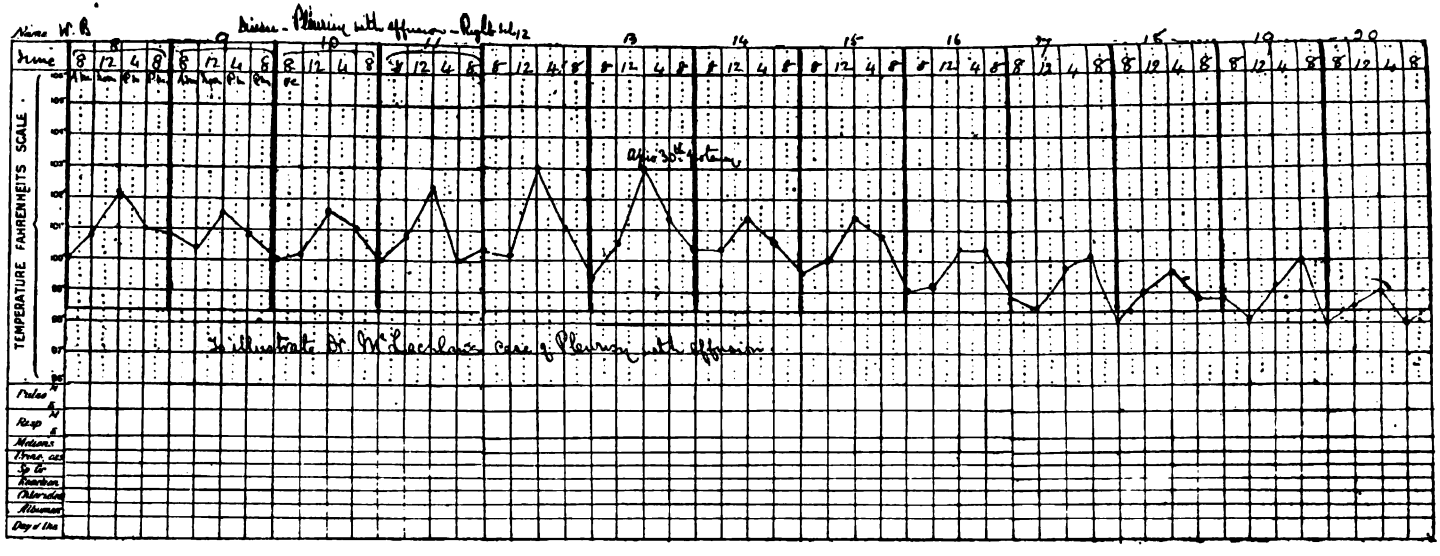
*I do not now use water colours in all cases. For red I use *Chloride of Rosaniline*. For blue I use *Methyline Blue*. For green I use *Iodine Green*. A separate pen should be used for each colour, and in all cases a quill pen should be used. For a complete list of the other colours I use I must refer my readers to the *Hospital Reports* for 1893.

A CASE OF PLEURISY WITH EFFUSION.

By JOHN MCLACHLAN, Esq., M.D., B.Sc. Edin., F.R.C.S. Eng.

ABOUT a fortnight after the visit of the Prince of Wales to Oxford (12th May) an undergraduate came to me complaining about a pain in his back and right side, which was aggravated on breathing and moving, but not greatly affected by pressure. At first I put this down to his being in some of the many scrimmages that occurred during the Prince's visit. I knew that he had been in several fights that night—though he had the good fortune not to be "run in"—for the general principle of action on that evening seemed to be "wherever you see a head, hit it." My patient positively affirmed that though he was "squashed" once or twice, he was in no way hurt, and that it was nothing to what he frequently had to encounter in football matches. I ought to have believed him, but thinking it was merely the pain remaining after bruises of muscle, I gave him arnica, and later, as the arnica seemed to be useless, I gave him bryonia and one or two other medicines. This shows the fatal error of approaching a case with pre-conceived notions instead of examining it on its own merits. What I ought to have done was to have had him stripped and to have made a careful local examination. This went on for some days longer he getting no better; and at last the expression of his face struck me as peculiar and significant. It was drawn, haggard and sunken, and then I did what I ought to have done long before, asked him to strip, and examined his chest, when, much to my regret, I found the right pleural cavity full of fluid, with a total loss of vocal fremitus as high as the spine of the scapula. I next took his temperature, and found that it was some degrees above normal. I do not wish to excuse myself, but who was to expect that a patient suffering from acute pleurisy, with effusion so marked, would be walking about pretty much in his usual way? I sent him home to bed, and on this date the temperature chart begins. I tried the usual remedies, *e.g.*, bryonia, and as that seemed to do no good followed it up with sulph., but that was equally useless in ameliorating either the general or the local symptoms, the temperature


Name W. B
Disease - Pleurisy with effusion - Right side
TEMPERATURE FAHRENHEITS SCALE
Pulse
Resp
Motions
Urine acc
Sp. Gr
Albumen
Diacetic
Albumen
Day of Dis
Effusion 30th day
To illustrate Dr McCleod's case of Pleurisy with effusion.

continuing to rise steadily, and so far as I could make out, the fluid also. You will observe from the chart that the fever is always highest at 4 o'clock in the afternoon, and for this reason chiefly, as there seemed to be no other "guiding symptoms," I gave lycop., but it was equally without benefit. I then looked up H. C. Allen's book on *Intermittent Fever* to find out what medicines had fever highest at 4 p.m., and amongst others I found that apis stood in the first rank in cases where the "fever without chill" returned at 3 to 4 p.m., and also stood in the second rank where it returned at 4 p.m. On consulting the *Materia Medica*, I found that it had a great affinity for "serous membranes," causing marked effusions (or at any rate *curing* them), and it agreed with the other symptoms fairly well. I at once gave apis 30, and it can be seen from the chart how promptly it acted, for as the temperature fell so did the level of the fluid, with a corresponding return of the vocal fremitus, though the dulness on percussion did not disappear with equal promptitude.

REVIEWS.

Transactions of the International Homœopathic Congress in London, 1896. Edited by R. Hughes, M.D. London: Adlard & Son, Bartholomew Close, E.C. 1896.

Third Notice—(*continued*).

In the discussion on Mr. Wright's paper on "Aural Vertigo," which was opened by Dr. Bushrod James, the importance of a local examination and the rectification of any obvious defect was insisted on before therapeutics were brought into play. The clinical experience of the various speakers corroborated in the main the remedial indications suggested by Mr. Wright.

On the subject of Balneo-therapeutics and their relation to homœopathy we have a most suggestive paper by Dr. M. F. Kranz-Busch, of Wiesbaden. Naturally as homœopaths we are anxious to find in any satisfactory and recognised method of cure another application of the law of similars. This is done for the mineral waters by Dr. Kranz-Busch. His paper contains a careful analysis of the chief waters, and a contrast of their known efficacy in certain morbid conditions with what we might expect from a study of the pathogenetic effects of the drugs they contain.

In the main these conditions are identical, and the strength of the various waters is found to correspond with a homœo-

pathic dosage ranging from the 2nd decimal upwards. We cannot sum up the conclusions of the author better than by quoting his own words. "The physiological experiments, our homœopathic drug provings, quite in conformity with the thousandfold testified curative effects obtained with mineral waters, speak distinctly and irrefutably for the perfect homœopathicity of the latter, concerning both their composition and dosage, and their therapeutic indications. They are 'specifics,' and 'specific' is identical with 'homœopathic.' The pathogenetic and remedial effects are congruent with each other, and we can point triumphantly to the fact that we have here a grand confirmation of the law of similarity." The members of our annual British Congress will doubtless have this fact more accentuated on their visit to Bath on the day following the next Congress.

Dermatology was represented by a single paper on "Cutaneous Horns" by Dr. V. Den Berghe (Brussels). The paper is a very short one, being in effect the notes of a single case which the author had treated successfully with causticum 30. Of those who took part in the discussion many were sceptical as to the curative action of causticum in these inanimate excrescences, and with them we are inclined to hold. A very practical suggestion was made to the effect that the horn may have dropped off owing to the frequent manipulations it had undergone.

Of surgical papers there were four. That on "Vulneraries" by Mr. Gilchrist elicited considerable criticism from the surgeons, whose contention was that the best vulnerary was asepsis, for by that means rapid healing without suppuration and with a minimum of scar could be obtained. The paper, however, contains a most valuable list of the remedies most useful for internal administration under varying circumstances. Dr. Horace Packard, of Boston, U.S.A., contributed a paper on "Appendicitis: its Medical and Surgical Aspect," in which, in a clear and concise manner, the various forms of appendicitis were classified for description and treatment. The necessity for surgical interference in certain forms was insisted on, but the value of certain remedies, belladonna and mercurius cor. in particular, was noted. This therapeutic experience was warmly endorsed by the majority of those who took part in the interesting discussion which followed.

Dr. J. D. Hayward's paper on "Experiences with Purulent Secretions in the Thorax" afforded both physicians and surgeons an excellent opportunity of discussing the value of surgical procedure in empyema, and the time at which it should be called to the aid of medicine. The paper is well put together, and can claim the sole illustrations of the volume.

Almost the only non-homœopathic contribution at the meeting was that on "Oxychloroform Anæsthesia," by Dr. T. S. H. Nicholson, of Liverpool, who has the honour of being the first to publicly introduce the new anæsthetic oxychloroform, with its claims for less fatality than ether or chloroform. The discussion brought out an expression of varied experiences from experts among our American colleagues and from ourselves. A more extended use of the mixture must be made before we can ultimately decide on its merits.

The two remaining papers of the Congress to be noticed are gynæcological in nature, one on "Amenorrhœa as Associated with Mental Perturbation," by Dr. Burford, the other by Dr. J. C. Wood on "Carcinoma of the Uterus." Dr. Burford details a series of five interesting cases with careful remarks on the pathology and necessary treatment. He showed the necessity of studying thoroughly the physiological causes at work in each case by itself and of applying therapeutics in accordance with these. Dr. Wood's paper on "Carcinoma of the Uterus," is a very complete treatise on that disease, in which two special points may be noted. Dr. Wood is not inclined to think that cancer can be cured by internal medication. He admits it may be influenced by certain drugs, such as arsenic and hydrastis. This expression of opinion naturally called forth a spirited discussion, but the majority seemed unwilling to go so far as Dr. Wood in trusting to surgical means to the neglect of carefully selected drugs. The other special feature of Dr. Wood's paper was the advocacy of the combined abdominal and vaginal method in hysterectomy. Certainly his own results had been excellent.

The appendix to the volume contains a few papers which came too late or were deemed unsuitable for discussion at the Congress. Of these the most noteworthy is a sketch of the life of Hahnemann, by Dr. Brasol, of St. Petersburg. It forms a fitting and suitable addendum to the Transactions of the Congress in the centennial year of homœopathy.

We would again urge all those who have not yet secured a copy of the Transactions to do so. From it is to be learned the spirit of modern homœopathy and many valuable suggestions as to successful treatment of disease.

Pharmacopœia of the American Institute of Homœopathy. Published for the Committee on Pharmacopœia of the American Institute of Homœopathy. Boston: Otis Clapp and Son, Agents. 1897.

The publication of the *Pharmacopœia of the American Institute of Homœopathy* reveals the fact that the Committee appointed by the Institute in 1888, despite the fruitless efforts

previously made with the same object, have persistently laboured to produce an authoritative pharmacopœia which should command the respect of all pharmacists and lead to uniformity in strength of the preparations of all nations. The object of the Committee has been so far attained that the work is now in print. As regards uniformity of strength, the British Homœopathic Pharmacopœia having been taken as a basis, there will be little difficulty in securing this practically, with few exceptions, if the rules laid down be faithfully carried out, but we observe that in the designation of the attenuations the gulf at present existing between the British and American systems is destined to remain, the liquid preparations which we have hitherto regarded as mother tinctures being considered as a rule 1x dilutions, the denomination "mother tincture" being thus practically abolished, while the sign ϕ is retained as a prefix to fractions varying from $\frac{1}{10}$ to $\frac{1}{5000}$ merely as an indication that no stronger liquid preparation is authorised.

The work contains an "historical introduction," a list of authors consulted, and a bibliography. Instructions in "General Pharmacy of Drugs for Homœopathic use" conclude the first part. Part II. is devoted to "Special Pharmaceutics." In Part III. are given "Select Tables for Reference" including signs and abbreviations used in prescription writing, tables and equivalents of weights and measures, including those of the metric system, atomic weights, list of medicines and pronunciation, and an index containing 52 pages.

In the early days of British homœopathic pharmacy the guide used by homœopathic pharmacists was generally that of Dr. C. J. Hempel, compiled from the pharmacopœias of Buchner, Gruner, and Jahr, and in the preparation of dilutions the "primitive drop" of "the medicine" was the general starting point from which to estimate the degree of attenuation without regard to the strength of the mother tincture. When the *British Homœopathic Pharmacopœia* was compiled the question of making the 1x dilution correspond with the 1x trituration in drug power was seriously considered, but having regard to the long established rule, and the difficulty and danger which might arise from so great a change, it was ultimately decided that the mother tincture should as nearly as possible correspond in drug strength to the 1x trituration, the 1x attenuation containing 10 per cent. of such mother tincture. The American Committee "have prescribed the necessary rules to make the dilutions to correspond in medicinal strength (drug power) with triturations of the same number." They quote Hahnemann's directions from the *Materia Medica Pura* and the *Chronic Diseases*, and

urge that "Hahnemann's object evidently was to formulate a standard rule, according to which all alcoholic medicinal solutions (tinctures, extracts, &c.) and their dilutions might be made of uniform drug power, to be represented by the dry crude drug as the unit of strength in the case of tinctures made from dried substances, and by the plant juice as the unit when made from fresh green drugs."

"To avoid the double standard made by Hahnemann, and to secure uniformity in strength (drug power) of all preparations and attenuations, thereby making dilutions and triturations of equal degree correspond in medicinal strength, the committee have in all cases made the dry crude drug the unit from which to estimate strength. It should be understood, however, that the fresh green materials are still required in the preparation of tinctures, and that the plant moisture is to be regarded as a part of the vehicle or menstruum, it being evident that the water contained in the plant is but a solvent and forms no part of its medicinal substance. Adopting this rule in our tincture-making processes, we have followed that excellent authority, the British Homœopathic Pharmacopœia, thereby securing uniformity in strength." . . . "The tincture, therefore, representing as it does one-tenth part medicinal substance, or, in other words, the soluble constituents of one-tenth its substance of crude drug, should represent the 1x ($\frac{1}{10}$), thereby corresponding in strength with the 1x trituration. Uniformity is thus secured and the signs 1x or $\frac{1}{10}$, on whatever form of attenuation they may be found, will always represent a drug power of one-tenth, the sign 2x will show the presence of $\frac{1}{100}$ part drug substance, and the familiar 8x will show $\frac{1}{10000}$ part." Considering the widely different methods now employed it is remarked that "*many will be required to change their present* methods, notwithstanding they have become familiar, in order that we may adopt a standard and thereby secure uniformity in our preparations."

The metric system of weights and measures having been adopted the strong tincture will represent one gramme of dry medicinal substance in ten cubic centimetres, corresponding to one grain in ten grain measures or about eleven minims; hence it will be about ten per cent. weaker than the usual mother tincture of the British Homœopathic Pharmacopœia.

In order to ensure the specified drug strength, a special tincture formula is given for each plant in Part II., thus:—

"*a.* *Tincture* ϕ: Drug strength $\frac{1}{10}$.

Agaricus muscarius, moist magma containing solids 100 Gm., plant moisture 567 Cc. = ...	667
Strong alcohol	468 Cc.

To make 1,000 cubic centimetres of tincture."

The general instructions in Part I. direct that "having determined how much of the dry substance is contained in a given quantity of the fresh moist material (say 10 gm.) this is to be compared with the special tincture formula for this drug (Part II.) If its weight is below that given as the standard in the formula, add enough distilled water to the moist magma to equal the standard weight. If, on the contrary, the weight of the moist drug-substance exceeds the standard of the formula, deduct enough from that intended for the dilution of the solvent alcohol to reduce it to the standard weight. Or, when for practical reasons this cannot be done, resort to the slower method of evaporating, by cautious drying in moderate temperature, enough of the drug-moisture to reduce it to the standard of the formula."

Agaricus muscarius gives an instance in which the last alternative will be resorted to, and since on the average it contains only about 7 per cent. of solids it will be necessary to "resort to the slower method of evaporating, by cautious drying in" what the individual pharmacist may consider "moderate temperature," until it has lost more than half its weight. Belladonna, chelidonium and other important plants may have to be treated in some seasons in a similar fashion, while the majority of fresh vegetable substances will require no such manipulation.

It appears to have been assumed that the plant moisture consists, in the cases of plants requiring this process of withering, of nothing more important or less volatile than water, for should there exist in such moisture volatile oils, acids or other liquids of great medicinal value their properties would, to a greater or less extent, be lost. In cases where volatile solids, plant camphors and the like form part of the medicinal substances, these would be partly or wholly dissipated by the "moderate temperature" employed. Hence we cannot regard this process as either desirable or expedient since it is too great a sacrifice to make in order to avoid an exceptional strength, and it would in our estimation, be far better to tolerate a weaker tincture even with a drug strength of $\frac{1}{10}$ or $\frac{1}{50}$, as is directed in the British Homœopathic Pharmacopœia, than to follow the objectionable practice of using plants which are neither fresh nor dry, and in which partial fermentation or decomposition has probably occurred to some extent. Rather would we prefer that the vegetable substances should be operated upon while so recently collected that in many instances the plants might still be propagated by cuttings or in the case of roots if replanted would continue to grow—in fact, while still living.

Tinctures are directed to be prepared by maceration,

percolation, or a combination of these processes. The "menstrua, vehicles or solvents" include alcohol, water, milk-sugar, ether and glycerine. These are fully described and suitable tests are given for each. In the case of alcohol two strengths are directed to be used, namely, "alcohol fortior (strong alcohol)" and "officinal or dispensing alcohol." The former having a specific gravity at 60° F. of ·820 contains 91 per cent. by weight, or 94 per cent. by volume, of absolute alcohol, and is therefore nearly 65° over proof according to the British standard. The latter has a specific gravity at 60° F. of ·840 and, therefore, contains about 88 per cent. by weight or 88 per cent. by volume, of absolute alcohol corresponding to 54·5° over proof. Strong alcohol is used principally in the preparation of tinctures, while medicinal alcohol is used for making dilutions from tinctures, it being more readily absorbed by both cane- and milk-sugar and, consequently, better suited for medicating purposes. We observe that "95 per cent. alcohol" is directed to be used as a solvent of phosphorus, but whether the percentage is by weight or volume is not stated.

"Attenuation or expansion is accomplished in the process of dilution as well as in that of trituration with milk-sugar by the interposition of the vehicle between either the molecules of the fluid or the particles of the solid drug to be attenuated," and the decimal system is adopted solely as the standard scale of attenuation and notation. While the limits of the divisibility of matter "are more than approximately placed in the neighbourhood, and somewhat below the 12th centesimal or 24th decimal degree of attenuation of soluble substances," it is remarked that "it is not incumbent upon us as pharmacists to limit by any arbitrary rule the degree of dilution or trituration which might be desired."

Triturations receive due consideration, and are directed to be subjected to microscopic and other tests. In a note to this article it is said that "the limit of divisibility has been made the subject of careful research, which disclosed the fact that this limit, far from being indefinite or infinite, had distinctly discernible limits which it was impossible to transcend. By the mechanical method as used by us, all hard, practically insoluble substances are reduced in part to a degree of fineness in which each minutest particle, measuring $\frac{1}{3000}$ to $\frac{1}{5000}$ of a millimeter, cannot be reduced any further by any method so far devised. Another considerable part of the substance, *e.g.*; charcoal, leaf gold, or copper, does not reach this degree of fineness, and is present in large fragments in the most carefully made triturations.

The minutest particles attainable by mortar trituration are equal in size to those obtained by precipitation, and, like these, they are not further reducible by trituration. . . . These remarks have reference to the long established customs of attempting to make dilutions from the 3rd centesimal or 6th decimal trituration, as this does not produce perfect solubility of ordinarily insoluble substances, in the sense hitherto erroneously accepted."

Tincture triturations, trituration tablets, medicated powders, medicated globules (also called pellets or pilules), medicated cones (also called disks), and the writing of prescriptions all have a place in the general pharmacy of the work.

In glancing rapidly at the special pharmaceutics comprising Part II., we notice that the old Latin nomenclature has been adopted similar to that of most of our homœopathic pharmacopœias, while some originality is displayed in the choice of the present chemical name and the introduction of a third title which retains the Latin basic name and adds the English name of the salt. Thus we find "acid, sulfuric, sulfuric acid;" "ammonium bromid;" "ammonium iodid;" "calcarea arseniate, calcium arsenate," "calcarea caustic, calcium hydrate;" "calcarea iodid, calcium iodid;" "chininum sulfate, quinin sulfate;" and "kali carbonate, potassium carbonate." Under the botanical name are given the natural order, synonyms, description, habitat, history (including the derivation of names and a reference to homœopathic literature), parts used, and preparations. Animal substances are similarly delineated. In the case of chemical substances, comparatively few special processes are directed, the source or sources from which they are usually obtained being generally only casually mentioned. It is probably for this reason that although the characters of each substance are fully described no important tests are given, as the predominating impurity will vary in each case according to the process by which the chemical is prepared or the source from which it is obtained, *e.g.*, a very large majority of the samples of tartaric acid found in the market contain a perceptible trace of lead as an impurity. A test should therefore be given for lead in order that an acid quite free from this active poison might be selected for homœopathic preparations, and all salts of this acid should be subjected to a similar test.

For the preparation of pure metals the old methods of precipitation are, amongst others, suggested, while ferrum metallicum is said to be "obtained by the reduction of ferric oxid by hydrogen gas at a high temperature." The product of this process would, however, be similar to our ferrum redactum which always contains a considerable percentage of

oxide. Platinum "can be readily prepared by gently heating the double chlorid of platinum and ammonium," and zincum by centrifugal force, or by rubbing it in a mortar under distilled water.

The serpent venoms are as a rule directed to be prepared by solution in glycerine.

The tincture of apis mellifica is encumbered with the entire insect, though it is stated that "the contents of the poison sac only is desired, but the tincture takes up in solution much of the animal fluids, besides honey from the abdomen and pollen adhering to the antennæ." By the British method only the posterior half of the abdomen is used, and hence the strength of the two tinctures will vary greatly. Provision is, however, made for a 2x trituration of apis virus by using 500 bee-stings to 1,000 grains of milk-sugar. The tincture of cannabis indica is prepared from the alcoholic extract which is said to represent 8 times its weight of the tops of Indian hemp. The latter being taken as the unit of strength the tincture is about one-eighth the strength of the British mother tincture. Tincture ϕ of causticum is about one-half the British strength.

All quinine and strychnine salts are directed to be prepared by trituration only.

Glonoinum tincture is directed to be of $\frac{1}{10}$ drug strength, but in Great Britain such a strong solution is not now allowed to be stored. Triturations of petroleum are directed; these are, in our estimation, of very questionable utility, since the petroleum which Hahnemann used evaporates rapidly from paper without leaving the slightest stain, and such triturations could not be relied on to furnish any definite strength. Tincture is, however, ordered as an alternative preparation.

Phosphorus is directed to be prepared with alcohol alone (95 per cent.) "Tincture ϕ: drug strength $\frac{1}{667}$." Phosphorus ruber is added in trituration. Pulsatilla tincture has a much greater alcoholic strength than that of the British Homœopathic Pharmacopœia. We regard this as an improvement, the strength given being better adapted for the extraction of some of the soluble active substances found in the plant. In a number of other instances, where the alcoholic strength has been made to deviate considerably from that of the latter authority, we fail to see any advantage and sometimes find reasons for an opposite conclusion, *e.g.*, in the case of tincture of nux vomica the alcoholic strength has been raised considerably above that of the British authority, while the elaborate researches of British chemists have shown the British Homœopathic Pharmacopœia strength to be most suitable for extracting the total alkaloids of this

drug, and for completely exhausting the magma. Under "Sulphur" we get, "Tincture ϕ: $\frac{1}{5000}$, in strong alcohol."

Throughout the work the maximum dose of very active drugs has been stated under each substance requiring special caution.

On the whole, the elaborate work of the Committee has been admirably carried out and the book reflects great credit on its authors. We commend it to the careful study of our readers. It constitutes a long stride in the direction of international uniformity, and with a few alterations, such as we have suggested, in a future edition, will, doubtless, command universal respect. The book is nicely printed on good paper, and strongly bound in a manner which allows it to lie well open before the reader at any page.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS.

We have pleasure in printing, as usual, the circular of the Congress, as a permanent record of its work and as a reminder to our readers of the interesting programme for the 16th and 17th inst. We hope for the pleasure of greeting, on those days, many of our colleagues, contributors and readers, whom we seldom see at other times of the year.

"29, Seymour Street, Portman Square, W.
July, 1897.

Dear Sir,—The annual Congress of homœopathic practitioners will be held this year in Bristol, at the Imperial Hotel, White Ladies' Road, Clifton, on Thursday, the 16th of September, at 10 o'clock punctually.

The Presidential address will be delivered by Dr. Proctor, of Birkenhead, at 10 o'clock.

Any strangers, ladies and gentlemen, who may desire to hear the President's address, will be welcome.

After a short interval, to enable the Treasurer to receive the members' subscriptions, Dr. James Johnstone, of Richmond, will read a paper on *Serumtherapy, and its relation to Homœopathy*.

This will be followed by a discussion, after which the Congress will adjourn for luncheon.

The members of the Western Counties' Therapeutical Society have generously invited the Members of Congress to be their guests at luncheon and at afternoon tea, at the Hotel.

At two o'clock punctually, the Congress will re-assemble, and will fix the place of meeting for 1898, elect officers, and transact any other business which may be necessary.

After this, Dr. Roberson Day, of London, will read a paper on *Tuberculosis of the Abdomen in Children*, to be followed by discussion.

After this, Dr. McLachlan, of Oxford, will read a paper on *The Use of High Potencies in the Healing of the Sick*, followed by discussion.

When this business has been concluded it is proposed by our Bristol colleagues to have a drive round the Downs for an hour or so. Dr. Nicholson, who is the *Local Secretary*, will be glad to receive the names as early as possible, of all who wish to enjoy this pleasure, in order that the necessary arrangements may be made.

The members of Congress, with their friends, ladies as well as gentlemen, will dine together at the Imperial Hotel, at 7 o'clock.

The subscription to the Congress is ten shillings, which includes the dinner ticket. The dinner ticket alone, *for guests only*, will be 6s.

Dr. Nicholson, 2, White Ladies' Road, Clifton, Bristol, will be happy to secure rooms at the Imperial Hotel for members of the Congress, if they will communicate with him.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The enclosed post-card is to be filled up, and returned to me as early as possible, but *not later than* September 6th. Of course, if any colleague cannot make his arrangements before this date, the post-card would be received up till the day of meeting, but it is earnestly hoped that all will return the post-card as early as possible.

I remain, yours very truly,

D. Dyce Brown, Hon. Sec.

P.S.—On Friday the 17th, the day after the Congress, it is proposed to make a visit to Bath. Dr. Percy Wilde and Dr. Graham Wills have kindly offered to conduct all members of the Congress who may wish to come, to see everything of interest in Bath.

Dr. Percy Wilde and Dr. Graham Wills have generously invited the members of Congress to be their guests at lunch.

The following is the proposed programme for the day:—

Leave Bristol 10.12 a.m.; arrive at Bath 10.30 a.m.

(1) Visit Roman Baths.—Method of bathing during the Roman period described.

(2) Visit King and Queen's Baths.—Method of bathing during 17th and 18th Centuries.

(3) Visit modern bathing establishments.—Modern and Continental methods. The Deep Baths of Bath, the Aix-les-Bains Douche and Massage Baths, the Nauheim Baths—various baths used, the Wildbad Bath, Scottish Douche, Swimming Baths, &c.

(4) Visit Royal Mineral Waters Hospital (if time permits).

(5) Drive to Bath Homœopathic and Lansdowne Hospitals.

Dr. Percy Wilde will demonstrate some inventions, particulars of which have not yet been published.

(*a*) The combustion of water at a low temperature, by which water can be used as fuel in an ordinary gas stove.

(*b*) The condensation of smoke, by which smoke is prevented from polluting the atmosphere, and all the heat of the fire-stove is conserved.

(*c*) The thermal cord, by which the temperature of the body may be raised from 2° to 4° F. in 15 or 20 minutes, with a heat not exceeding 105 F.

(*d*) A new form of needle bath which does not block.

A short demonstration of the physical treatment of heart and lung disease, a method which can be employed by the physician himself, and not requiring the aid of attendants or apparatus.

All members of Congress who wish to accept this generous invitation are requested to communicate with Dr. Percy Wilde, 28, Circus, Bath, as early as possible (for lunch arrangements). D. D. B.

Précis of Papers.

Dr. Johnstone's Paper.

Serumtherapy and its Relation to Homœopathy.

Synopsis:—

A.—*Serumtherapy.* The preparation of Anti-toxins.—Chemistry and Physiological Action.—Relation to their Micro-organisms and to their Toxins.—Theories of formation.—Mode of use.—Dosage.—An Anti-toxin can never produce its associated disease.—Explanation of apparent exceptions.—Theories of curative action of Anti-toxins.—Effects in Health.—Effects in Disease.—Secondary Effects and dangers in use.—Results of Serumtherapy.—Statistics.

B.—*Relation of Serumtherapy to Homœopathy.*

(*a*). Brief statement of theories of Homœopathic action.—Theories illustrated by examples.—Schema presenting graphically the various steps in homœopathic action.

(*b*). Theories of action in Serumtherapy.—Illustrated by examples.—Schema presenting graphically the steps and processes in this action.

(*c*). Contrast or parallelism between the *modus operandi* of Serumtherapy and of homœopathy.—Mistaken therapeutic use of Anti-toxin by some homœopaths.—Comparison between the Anti-toxin, Vaccine, Nosodes, Animal extracts, etc.

(*d*). Conclusion.

Dr. Roberson Day's Paper.

Tuberculosis of the Abdomen in Children.

Tuberculosis: Its many phases and manifestations.

Title of paper restricts remarks to the abdominal lesions, although these are frequently associated with tuberculosis elsewhere.

Varieties:—1. Intestinal.
2. Mesenteric (Tabes Mesenterica).
3. Peritoneal. (*a*). Ascitic. (*b*). Tubercular deposit.

Symptoms and general course of the disease.—Cases illustrative of the above varieties.—Treatment in general and as applied to particular cases.

Pathology:—The Bacillus Tuberculosis, a microscopic specimen of which will be exhibited from a patient whose case is recorded.

General conclusions.

Dr. McLachlan's Paper.

On the Use of High Potencies in the Healing of the Sick.

Clinical cases where high potencies have been used, and where, as far as one can judge, they were the active agents in effecting the cure.—Side issues and lessons from the cases.

Since the foregoing was in type, a wish has been expressed that a Conference should be held on the subject of Hospital Federation. It is therefore arranged that this Conference will be held at the hotel, at 9 a.m. on the day of meeting. All representatives of Homœopathic Hospitals, and others interested in this question, are invited to attend.

D. D. B."

THE NEW AMERICAN PHARMACOPŒIA.

On another page will be found a full review of this work. Here we simply wish to draw additional attention to its importance, and to make for this purpose a short *résumé* of some of its features. The committee formed to construct and

edit the *Pharmacopœia* consisted of the following:—Conrad Wesselhoeft, M.D., Boston, Mass. (chairman); A. C. Cowperthwaite, M.D., Chicago, Ill.; Edward P. Colby, M.D., Wakefield, Mass.; H. R. Arndt, M.D., San Diego, Cal.; James E. Gross, M.D., Chicago, Ill.; T. Y. Kinne, M.D., Paterson, N.J.; J. Wilkinson Clapp, M.D., Brookline, Mass., (secretary); Henry M. Smith, M.D., Spuyten Duyvil, N.Y.; Malcolm Leal, M.D., New York, N.Y.; William Boericke, M.D., San Francisco, Cal.; A. F. Worthington, M.D., Cincinnati, O.; Lewis Sherman, M.D., Milwaukee, Wis. Editorial Sub-Committee: Conrad Wesselhoeft, M.D. (chairman); J. Wilkinson Clapp, M.D. (secretary); Malcolm Leal, M.D.; Henry M. Smith, M.D.

From a circular issued by them on June 1st, 1897, we extract some sentences:—

"The homœopathic profession of the United States is to be congratulated upon the completion of an authorised Pharmacopœia, and the consequent approaching attainment of such long-desired results as the establishment of a standard of medicinal strength and a uniformity of preparations.

"Since 1868 the American Institute of Homœopathy has made various attempts to secure such a work, but these efforts proved fruitless until, in 1888, a committee was appointed under the following resolutions:

"*Resolved*, that a committee be appointed consisting of twelve members, six of whom shall be pharmacists, to prepare a Pharmacopœia which shall bear the authoritative sanction of this body.

"That this committee be instructed to confer with the Pharmacopœial Committee of the International Homœopathic Congress, held at Basle, Switzerland, in 1886, and with committees which may be appointed for the same purpose by foreign societies, with the intent of making the work, if possible, international in character.

"That this committee be instructed to use, as a basis, the *British Homœopathic Pharmacopœia*, due weight being given to other authorised Pharmacopœias, and to obtain the fundamental facts, as far as possible, from original sources.

"That this committee be empowered to fill any vacancies in its membership caused by death or resignation."

The principal aim of this work appears to be that of fixing an uniform standard in which the decimal scale is to represent 1-10th of the original drug, whether animal, vegetable, or mineral, so that our present B. H. P. mother tincture would be represented as 1x, and all subsequent attenuations 1-10th lower than at present designated.

This would destroy the confusion at present existing as to the difference between, say, a tincture which marked 1x now contains one-hundredth of a grain of the drug, while a solution of another remedy marked 1x contains one-tenth.

The introduction of the metric system is obviously a step in the right direction, especially applying to homœopathic pharmacy.

More time is to be given to the preparing of triturations. This is perhaps desirable in *machine-made* triturations, but where *hand-made* (as in this country) it is possible to ensure the trituration answering the tests given in the new Pharmacopœia in the time allowed by B. H. P.

On page 35 we are told to add one part of oil to 10 parts of spirit. Surely this is not 1x. To be consistent with other preparations this should be 1 part added to 9. In the body of the work the correct method is given—that of adding 1 gm. to 9 c.c., which *would be* 1x.

The maximum doses of very active remedies serve a useful purpose.

There is a useful list of equivalent of weights and measures, also a list of medicines and their pronunciation.

A SIGN OF THE TIMES.

The action of the Association of Medical Colleges, at its last meeting at Philadelphia, is worthy of note and commendation, and no doubt will receive plenty of both as soon as the medical profession has recovered from the surprise which it has naturally caused. The resolution adopted was as follows:—

"Colleges, members of this Association, are free to give to students who have met the entrance requirements of the Association additional credit for time on the four years' course as follows: 1st. To students having the A.B., B.S. or equivalent degrees from reputable literary colleges, one year of time. 2nd. To graduates and students of homœopathic and eclectic medicine as many years as they attended these colleges. 3rd. To graduates of reputable colleges of dentistry, pharmacy and veterinary medicine, one year of time." Our interest centres particularly in the second section. As will be seen, there is an ambiguity in the text which admits readily of a construction hardly intended. According to it any college of the Association would be hereby justified in admitting to *graduation* any homœopathic graduate or student who had completed four years in a homœopathic college. Their four years would be allowed to count as four years, and they would therefore be of the same standing as their own students, who were ready to take their final examination and receive their

degrees. Of course this can hardly be the intention of the resolution, although the words mean that.

It is a wonderful step in advance that, according to this authoritative announcement, the homœopathic curriculum has come to be regarded as practically equivalent, year for year, to that of the "old schools," and there can no longer be any excuse for the unjust discrimination against colleges not "regular." Surely we could wish for no fuller recognition of equality. We have also in this action an additional argument in our favour when we repeat our demands—as we trust will be done again and again—for recognition in the military and naval service of the United States. It virtually does away with the time-honoured but absurd terms "regular" and "irregular," as applied to colleges, and it will need but a few years to see them vanish from the vocabulary of educated men as applied to methods of practice.—*The Hahnemannian Monthly* (August).

QUEEN VICTORIA HOME FOR CONVALESCENT CHILDREN IN ADELAIDE, SOUTH ADELAIDE.

For the following account of the new Convalescent Home, and also for particulars respecting the new Wards and Bacteriological Laboratories at the Children's Hospital, we are indebted to *The South Australian Register*, July 12th, 1897. Our colleague, the Hon. Dr. Allan Campbell, who has always taken a lead in medical and charitable affairs in Adelaide, is again to the front, and we offer him our congratulations on the success of the work in which he is so greatly interested.

"Probably the only permanent memorial of our Queen's Diamond Jubilee in South Australia will be 'The Queen Victoria Home for Convalescent Children,' the foundation-stone of which institution was laid on Saturday afternoon, July 10th, by Lady Victoria Buxton, in the presence of a large and influential gathering, the majority of the spectators being children, who are members of the Sunbeam Society of South Australia, to whose unwearied loving efforts one-half of the funds are due. The Sunbeams had not their usual propitious weather, the day being most wet, cold and cheerless, and had the unfavourable effect of preventing numbers from witnessing the demonstration.

"The want of such a Convalescent Home had long been recognised; in fact, several hundreds of pounds had been raised for this purpose in 1887, but as no definite scheme could be resolved upon, the money was lodged in the bank. It was really not until last October that the movement was actually set going. 'Uncle Harry,' and his nephews and

nieces—he has upwards of 7,500 relations now—were at a picnic at Glenelg, and there the subject of a convalescent home was broached. Uncle Harry, who is known throughout the world, called upon his Sunbeams to raise £500 as their contribution, and suggested the Home should be erected as a memorial of the Queen's glorious reign. This movement was heartily taken up by both the Hon. Dr. Campbell, Deputy President of the Adelaide Children's Hospital, and the board of management. All set to work with a will, and by dint of bazaars, concerts and such-like, the Sunbeams alone managed to raise £900, a sum far exceeding even the rose-coloured anticipations of Uncle Harry. The site of the Hospital was chosen high up in the bracing and salubrious atmosphere of Mount Lofty. The preference was given to the hills, because the children in need of sea-air are sent to the Killburn Sisters at Glenelg, and this arrangement will continue. Dr. Campbell, in a recent letter, explains very clearly the real significance of the words 'Convalescent Home.' To most people it means a Home to which children are sent when in a stage of convalescence, from which they will return with rosy cheeks and healthy appetite, in fact, quite well. But this is not alone the case. Many little sick patients, too, need a change of air who are still in an unfit state to do without the aid of surgeons and nurses, and for these the hospital home will be especially beneficial. It will in no way interfere with the other existing institutes, because the children sent here would not be received elsewhere.

"But to return to the laying of the foundation stone. In spite of the rain a goodly company assembled on the platform and were conveyed by special trains to the Mount, accompanied by two bands. A large marquee had been erected, which afforded shelter from the wind and rain, also refreshments had been provided. The viceregal party arrived at half-past two, after which the ceremony commenced. The Hon. Dr. Campbell presided as chairman of the building committee. In his speech he commented upon the great help rendered by the children of the Sunbeam Society of South Australia, and said that to them alone belonged the honour of their gathering that day for the noble purpose of laying the foundation-stone of this Home, and rejoiced that their efforts had been so ably seconded by the proprietors of *The Register*, *The Adelaide Observer*, and *The Evening Journal*.

"His Excellency's address treated of the immense amount of good to be derived from this Home—how much suffering would be alleviated and happiness promoted. He was sure that nothing would be more acceptable to Her Majesty than this manner of celebrating her Diamond Jubilee.

"More speechess followed, then Mr. D. H. Bottrill, or Uncle Harry, as he is more usually called, read the list of contributions. He announced that the total sum raised in five months by the 'Sunbeam Society' was £900 for this Home. At this a shout rent the air, and the little Sunbeams were cheered as they deserved.

"The proceedings terminated with 'The Song of Australia,' and the people returned home, feeling they had taken part in a good deed, which quite made all the discomforts of rain and mud vanish from their minds."

THE CHILDREN'S HOSPITAL IN ADELAIDE.

The Children's Hospital in North Adelaide, one of the finest in the southern hemisphere, has lately been having various improvements in the way of wards and a laboratory made. One of the improvements is an Isolation Ward for diphtheria patients. This ward is essentially for the poorer class of patients, but the better class, or paying patients, are to be admitted when there are any vacancies, and they may, if they prefer, be attended by their own medical men; it is not compulsory to employ the hospital medical staff. The fees paid to the hospital will only cover board and nursing. The hospital will supply no medicine, with the exception of antitoxin. The new Bacteriological Laboratory is another great feature. With the help of this laboratory the bacillus may be diagnosed, and several instances of diphtheria have been detected in their early stages.

The Children's Hospital in Adelaide has had a bacteriological laboratory two years, now the Sydney Hospital is erecting one. These new improvements in the Children's Hospital are not as yet subsidised by the Government, but the President, viz., Dr. Campbell, hopes strongly that the Government will this year help to discharge their debts. The cost of these improvements has been £9,000 to £10,000, and there is a total deficiency of at least £1,000 to make up.

THE MATERIA MEDICA CONFERENCE.

The Materia Medica Conference at Buffalo justified its continued existence. The general topic was *Methods of Purification of our Materia Medica.* At the close of the Conference the following resolutions were unanimously adopted as the judgment of the Convention:—

"1st. It would be advantageous, and is therefore desirable, that those symptoms in our *Materia Medica* which have

clearly demonstrated their pathogenetic origin should be carefully distinguished.

"2nd. It is necessary and essential that those symptoms which do not as yet exhibit this quality of pathogenetic certainty, must nevertheless be retained in such forms and relations as to be readily available to the practitioner."

The topic next year is *The Preparation of Works of Materia Medica best adapted for Study.—North American Journal of Homœopathy* (August).

AN AMERICAN APPOINTMENT.

We understand, from *The Hahnemannian Monthly*, that Dr. Hugh Pitcairn, a well known homœopathic physician of Harrisburg, Pennsylvania, has been by the President of the United States appointed to be the United States Consul at Hamburg.

ANTI-CHOLERA INOCULATION IN CALCUTTA.

From *The Calcutta Journal of Medicine* we quote extracts to show the view of at least some of our colleagues in India:—

"In the appendix to the Administration Report of the Municipal Commissioners of Calcutta for 1895-96 there appears, in the form of a supplement to the Health Officer's report, a note by Dr. Simpson on the results of Anti-cholera Inoculation by M. Haffkine's method performed during the past two years. The results, on which the conclusions drawn by Dr. Simpson are based, are shown in the 77 observations, or observations made in 77 places that are appended to his note. The observations are said to have been made in 75 houses in Calcutta, in one house at Shibpore and on board a steamer named the *Majestic*, among a total population of 1,237 persons, of whom 418 were inoculated and 824 were uninoculated; and they show that 18 cases of cholera with 12 deaths occurred among the 418 inoculated persons, and 88 cholera cases with 77 deaths took place among the persons who had not been inoculated. From these results it is argued by Dr. Simpson that the inoculations possess the value of a safe and efficacious prophylactic against cholera, and deserve to be adopted permanently as a reliable method for combating cholera like vaccination for combating small-pox.

"Dr. Simpson has classified the inoculated cases into groups of three periods according as the time from the date of inoculation extends, to four days, one year, and over one year.

"A comparison of the proportion of deaths among the inoculated and non-inoculated in the three periods gives the

following result. During the first period of four days, the number of deaths among the inoculated was 1.86 times smaller than among the non-inoculated. During the second period lasting over a year the number of deaths among the inoculated was 22.62 times smaller than among the non-inoculated; and during the third period, *i.e.*, more than a year after the inoculation, the number of deaths among the inoculated was only 1.54 times smaller than the non-inoculated."

He sums up thus:—

"654 uninoculated individuals had 71 deaths (10.86 per cent.) while

"402 inoculated in the same households had 12 deaths (2.99 per cent.)"

After criticising the arithmetical calculations of the report, Dr. Sircar goes on to say:—

"As for the method of dealing with the figures we cannot help remarking that it is not fair to give only the proportion of deaths to the numbers of the non-inoculated and of the inoculated, without giving the proportions to the cases, which, as we shall see later on, is the very reverse of favourable to the inoculations. To give only the favourable, and omit the unfavourable side of a problem, is certainly misleading.

"Recently, grave doubt has been thrown upon the accuracy of the observations enumerated by Dr. Simpson; and Dr. Sanders, one of the past Health Officers of Calcutta, and a medical man of prominence here, has openly questioned their correctness. The matter is still subjudice of the Municipal Commissioners. The value or otherwise of the inoculations as a means of preventing or checking cholera necessarily depends entirely on the absolute correctness of the observations from which conclusions have to be drawn. So that the open impeachment of the accuracy of the observations of Dr. Simpson has surprised the medical and general public and compelled them to suspend their judgment. Nevertheless, now that Dr. Simpson's note and his list of observations are before the public, a few remarks upon their merit may not be out of place and uninteresting to the public.

"Even if the correctness of the observations, however, be unquestionable, we do not think that they justify the conclusions which Dr. Simpson has drawn from them, or that the anti-cholera inoculations are safe or undoubtedly act as a prophylactic against cholera. For in the first place, the method of these inoculations do not seem to us to have any reliable scientific basis, and the observations that have been recorded do not possess any of those qualities from which alone scientific opinion can be safely formed. If the principle of the method be that a previous attack of cholera prevents or

renders mild and less fatal a subsequent attack, such a principle cannot be accepted, as it has no actual observations of unquestionable authenticy and sufficient in number to depend upon. If it be assumed that the symptoms of the illness following the inoculations agree with those attending a true attack of cholera, and hence, that the principle of the method is to artificially produce in the system in a mild form the disease which it is desired to combat, such a supposition becomes untenable, owing to the fact that in the majority of instances the symptoms of the illness following the inoculations are less like those of true cholera than like those of septic poisoning. Moreover, even if the inoculations be considered to produce veritable cholera symptoms, such cholera does not render the system proof against the cholera virus, but rather renders it more prone to succumb under a natural attack of cholera, probably from a sort of cumulative action of the poison, as will be seen below.

"Then again, the operations on the persons said to have been inoculated do not seem, from what we can make out from Dr. Simpson's list, to have been carried out in a complete manner."

"Let us suppose, however, as Dr. Simpson seems to do, that in all the 418 cases the requirements of the method had been completely fulfilled, and that those cases will admit of some definite inference from them as to the efficacy or otherwise of that method to combat cholera. The list of observations shows us that out of the 418 persons inoculated, 18 were affected with cholera subsequent to their inoculation, and out of these 18, 12 died; while of the 824 persons who dwelt in the houses or quarters of the 418 inoculated persons, but who had remained uninoculated, 88 were affected with cholera and 77 out of these 88 died. So that of the cholera cases among inoculated persons 92.3 per cent. died, while of those among uninoculated persons only 87.5 per cent. ended fatally, thus showing that cholera proved much more fatal among inoculated than among uninoculated persons."

* * * *

"The real practical efficacy, if any, of any method of inoculation as a prophylactic for a disease could be only accepted if that method exercised some modifying influence on the intensity of the disease or on the mortality consequent on it. The anti-cholera inoculations seem to possess neither of these qualities. On the contrary, the figures already quoted from Dr. Simpson's statistics prove beyond doubt that those inoculations, instead of modifying attacks of cholera so as to reduce their intensity, render those attacks more fatal than if the affected persons had remained uninoculated. The same con-

clusion is found to result from the only 2 out of the 77 observations recorded by Dr. Simpson which possess some of those needful factors from which alone is any fair conclusion possible. These are his observations 58 and 60. In these cases there were two houses, each containing both inoculated and uninoculated persons, and in each of which cholera appeared among both inoculated and uninoculated persons. The total population of the two houses amounted to 100 persons, of whom 67 were inoculated, while 33 were not inoculated. The 67 inoculated persons had 2 cases of cholera among them, of which both, *i.e.*, 100 per cent., proved fatal; while the 33 uninoculated persons had 4 cholera cases, of which only 3, *i.e.*, 75 per cent., died. So that even if any reliance could be placed on two observations only they would show that the anti-cholera inoculations, instead of rendering attacks of cholera milder, as vaccination does attacks of small-pox, are positively harmful, making inoculated persons more liable to succumb under attacks of cholera.

"From the circumstance stated above, the anti-cholera inoculations, according to M. Haffkine's method, as practised in Calcutta and as shown by the results given in Dr. Simpson's list, appear to us to be not only unproductive of any beneficial results as a means of checking or preventing cholera, but to be absolutely mischievous in their effects and dangerous to persons living in localities or houses in which cholera prevails if they happen to be inoculated.

"The statistics submitted by Dr. Simpson point to two conclusions which are worthy of notice. First, that the inoculations are particularly dangerous during what he has called the first period. Some of the cases which ended fatally occurred within a few hours of the inoculation.

"The second conclusion is what Dr. Simpson himself has drawn from his statistics. This is so palpable that there is no gainsaying it. It is this, that whatever prophylactic powers the inoculations may possess, they are lost within a year. Now this is a very damaging conclusion for the inoculations. For, the logical outcome of this conclusion is that the inoculations to be permanently efficacious must be repeated every year! In other words, in order to guard against the remote contingency of an attack of cholera one must subject himself to the hypodermic injection of a pathogenic serum which, whatever its anticholeraic virtues, certainly does entail a good amount of suffering in the shape of septicæmic inflammation and fever, which may extend from four to eight days. And who can tell what the effect of repeated inoculations may be, especially in delicate constitutions? The reluctance of the people to submit to these inoculations will be further

increased when it is remembered that the chances of taking the disease can be so easily reduced almost to zero, even in the midst of an epidemic, by the observance of some simple rules as regards diet and drink. This is what in effect we said, when reviewing the result of the inoculations, in September, 1894, and we do not see any reason now, after a more extended experience of two years, to change our opinion."

THE X RAYS IN PHTHISIS.

Dr. Gilman (*Clinique*, August) presented a report on the above subject to the Materia Medical and Therapeutical Section of the Chicago Clinical Society. This report is so full of interest that we quote from it at some length:—

"While the scientists of Europe were experimenting with guinea pigs and other animals with the idea of utilising the X-ray as a possible therapeutic agent, here in Chicago we were so much in advance that we were not only past the stage of uncertainty as to its bactericidal influence, but were practically applying it to the living subject with satisfactory results; and the European experimenters are coming slowly but surely to the conclusions that are now to us as old as the last year's newspapers. I have watched the progress of these investigations with much interest; and wish to report one case out of the number as illustrating the action of the force known as the Roentgen ray, and some deductions drawn from the observation and results obtained. This was a case of phthisis pulmonalis; a case seen by a number of specialists of pulmonary disorders, a case tested through every channel of scientific diagnosis, a case of so hopeless a condition that its recovery reads almost like a miracle. It was the general consensus of opinion of the experts who examined this patient that from three to six weeks was the limit of life that could be expected. The only bad symptom that was not present was the dropsical stasis of the extremities, and I know of nothing but this treatment that would have wrested such a case from an inevitable death. The following report of the case was kindly filled out for me by the attending physician; and I can vouch for its correctness, as I watched the case throughout the period covered by it.

"*Case.*—Andrew Gorgan was born near Naples, Italy, in 1875. His parents were vineyardists; both are living and healthy, also a brother of seventeen, who is a strong healthy boy. In 1886 the family emigrated to America, and settled in Ohio. Near their home was a large creek of very cold water, and Andrew often stole away to bathe there with other boys, remaining in wet clothes often for hours. He caught

cold after cold, and at last a nagging cough set in of which he could not get rid. Suddenly hæmorrhage set in, and for the first time his parents took alarm. Physicians were summoned, but he never got anything more than temporary relief. Hæmorrhages again and again recurred, growth ceased at this point, appetite irregular and capricious, sleep restless and unrefreshing, fever constant and drenching night sweats. The parents now determined to move to Chicago, desiring to consult a wider range of medical skill than the Ohio town afforded. They arrived in the autumn of 1895. He at once began attendance at the clinics of the medical colleges in rotation; as he found no improvement in one he tried another. At last his case was pronounced hopeless by several specialists, and his father directed to use anything to make him comfortable, but treatment was useless and so he was given up to die. Early in 1896 the X-ray was a topic of anxious investigation to us, as to whether it had therapeutic value or not. Drs. Pratt and Wightman placed tube cultures of the bacillus tuberculosis under the ray and found no farther propagation occurred after an exposure of two hours. This test was made time after time with different cultures, always with the same results. This discovery was given to the world, and it naturally created much adverse criticism, and even ridicule, by all classes of the profession. To the initiated, thoughtful, and those who really desired to see the demonstration of the truth, every facility was given to verify the statements made. After all doubt was removed as the cultures, the conservative criticism was advanced that although tube cultures were unable to stand the X-ray, it might not be the same with human lung tissue in the living organism.

"It was thus that this unquestioned case was submitted for experiment. Before placing him under the ray his height was four feet eleven and three-quarter inches, weight seventy-four pounds. The right lung from apex to mammary region was said to be one big abscess, discharging pus in quantity. Appetite gone, digestion disabled, sleep restless and unrefreshing until nearly morning, fever constant, rising to 104 degrees. Hæmorrhages recurring every four to six weeks, amount varying from a few mouthfuls to a breakfast cupful at each discharge. Of the leading specialists who passed upon him the most hopeful placed his longest possible limit of life not over five weeks at the utmost."

His treatment commenced in May, 1896, and was continued at intervals from that time. The sittings were two or three hours at a time.

"In June, 1897, Andrew Gorgan is in fair health. No fever or night sweats. Good appetite; sound sleep, and can

walk miles without great fatigue. From the day he took his first treatment he has never had the slightest hæmorrhage from the lung; can take a deep breath without coughing. He is now simply weak, and requires country air and a change from his very unsanitary surroundings.

"The variability in pulse, respiration and temperature is due and dependent upon the distance or nearness of the tube to the chest wall. The closer the tube, the stronger the force, and hence the more powerful the electro-therapeutic action. A rise, therefore, of pulse and respiration always occurs under treatment, but this declines abruptly about an hour later.

"This was an apparently hopeless case. At this writing *(sic)* there is no more of the phthisis present; the boy is building up in physique and bids fair to regain the lost years of growth. From this, with other cases noted under the treatment of Prof. Pratt, I deduct the following ideas:

"The X-ray is an electrical phenomenon and differs from other electrical phenomena in potential only. The galvanic, the static, the magnetic, as well as the X-ray, as far as principle goes, being one and the same thing.

"The ordinary cell battery has a potential of from one to two volts; by adding a large number of cells with resistance, the potential may be increased to equal the potential of the static, magnetic or X-ray.

"The potential of the static machine varies from 25,000 to 500,000 volts.

"The potential of the X-ray, and of the magnet, also varies from 100,000 to 1,500,000 volts.

"The Crooke's tube when excited forms a magnet field, the lines of force are projected from the tube in the same manner as from a magnet.

"If we apply the galvanic battery to the body the current, owing to the low potential, commences to be diffused just after leaving the electrode. With the static, owing to increased potential, the lines of force are concentrated to the distance of an inch or more, before diffusion takes place, while the X-ray and magnetic current passes through and beyond the body before diffusion takes place, just as a stream of water projected from the nozzle of a pipe may pass for a considerable distance in a solid stream before it breaks into a diffused shower of spray, the distance being determined by the force with which it is impelled. With a slight force the diffusion takes place in a short distance; with the X-ray apparatus the force is projected in distance from twenty-five to two hundred feet before diffusion takes place, making a most powerful bombardment of electrical force. Just as the

hydraulic water pipe of the California mines forces an almost irresistible column of water through its exit. As the Crooke's tube discharges its discharge in one direction, the outside becomes electro-positive, the inside electro-negative with every discharge of the tube, which means cutting the lines of force. All substances liable to decomposition are decomposed in the direction of the lines of force, liberating the oxygen as well as other gases; said oxygen forming ozone, thus giving us an acid base; ozone being the most powerful germicide known. From the experiments made we prove that:—

"1. Electricity is a germicide.

"2. Electricity will hasten physiological changes.

"3. There is an increase of temperature, due to the hastened physiological change.

"4. It increases the elimination of effete substance, as demonstrated by analysis of the urine, as well as odour from breath showing chemical change.

"5. It stimulates the heart's action.

"6. It acts as a sedative.

"7. It has a profound effect on the nervous system.

"8. It equalizes the circulation.

"I have witnessed many of the applications of the X-ray upon my patients, and so far have not seen any of the injurious effects reported in cases elsewhere. There is no doubt that injuries have been received in many cases where this powerful agent has been ignorantly or injudiciously handled, but such is the case with many other agents which are invaluable when rightly applied. Opium will kill, arsenic is destructive to human life; but both are important agents in combating disease conditions when handled by those understanding the danger limitation and the therapeutic use.

LUCIFER MATCHES.

In the course of an amusing and interesting paper in *The Practitioner* (June)—*Fifty Years Ago*—Sir Samuel Wilk refers to the changes which have occurred during that period in lighting, and especially to the substitution of lucifer matches for the old flint and tinder box for securing instantaneous light. "I look back," he writes, "with somewhat of terror to the days of tinder boxes and snuffers, and I know of nothing which has brought so much comfort to the home or has done so much for the improvement of the temper as the abolition of those dreadful instruments of torture which I have just mentioned." He then gives a

description of the way in which these "instruments of torture" stirred up "angry passions," finally concluding that "if we think of comfort and improved temper, then the men who deserve national monuments raised to them for their services are those unknown individuals who invented lucifer matches and snuffless candles."

The inventor of the former, at any rate, is not unknown, for as *The Chemist and Druggist* reminds us:—"The death of Sir Isaac Holden, Bart., recalls the fact that in his early days he did many things for a living, amongst them acting in his spare time as a lecturer on chemistry. He then thought a great deal about a ready means of striking a light, and it occurred to him that, if match wood were coated with sulphur before an explosive mixture was put on, the sulphur would catch fire at once, and would burn long enough to ignite the wood. He tried the experiment, and it answered. Then he showed it to his chemistry class, and a young man who attended the class wrote home to his father, a chemist and druggist, about it. Very soon afterwards lucifer matches were put on the market—by the druggist."

LESIONS PRODUCED BY THYROID EXTRACTS.

H. J. Berkley (*Bulletin of the John Hopkins Hospital*, July, 1897) has investigated the various lesions induced by the action of thyroid extract on the cortical nerve cells. Taking into consideration the very grave symptoms of a toxæmic nature observed in so many cases of thyroid administration, more particularly those involving cerebral and vasomotor functions, the author undertook a series of observations with the view of ascertaining the nature of the lesions. The first portion of the investigation was made upon patients in an insane asylum. In each case a pill containing 5 gr. of fresh sheep's gland was administered daily, which was subsequently increased to two or three, depending upon the results. There was loss of weight, tachycardia, and enfeeblement of the cardiac action in each instance, with increase of cutaneous transpiration, irritability, and more or less mental and motor excitement. This occurred in all cases, no matter how depressed or demented the patients had been previous to the administration. One patient died before the excitement had subsided, with evidence of acute tuberculosis, and the others showed an œdematous condition of the integument of the forehead and cheeks similar to that observed in myxœdema. All showed more or less restlessness, with both mental and motor excitement, and in some instances there was considerable mental improvement, though not in all. In view,

therefore, of the effect on the mental condition of the same patients, it was decided to administer thyroid to animals in order to examine their nerve tissues. Five mice and three guinea-pigs were treated with thyroid extract. In the case of the mice there was swelling on the face, some emaciation, and loss of strength. In the guinea-pigs the general symptoms were similar, and in all cases the administration was continued till the animal died. Microscopic examination of the cerebrum was made in all cases, both with the silver phosphomolybdate and other staining methods; no lesion was found of either nerve elements or neuroglia; there was no varicose or atrophied dendrites or loss of gemmulæ. The corpora showed no loss of angularity, and the axôns and appendages were all healthy. No nuclear change in the cells could be ascertained, and the blood vessels were carefully examined without the discovery of any lesion. It would seem from these investigations, so far as they go, that the toxic action of thyroid is of a different nature from that of other conditions, and one which we are not, therefore, in a position to understand.

COLD DRINKS.

Among the various discomforts entailed upon us by the hot weather is thirst, which leads to many accidents. First and most especially is the danger arising from the ingestion of ices and cold drinks, which so many people fly to directly they feel hot. Difficult as it may be to explain in precise physiological terms the evil consequences which so often follow the sudden application of cold to the mucous membrane of the stomach when the body is over-heated, there is no doubt about the fact, and people would do well to remember the risk they run when they follow their instinct, and endeavour to assuage their thirst by huge draughts of cold fluids or the rapid eating of masses of iced compounds. Ices appear to be especially injurious, doubtless in consequence of the intensity of the shock produced. Other evils, however, besides those connected with local chill are apt to arise from the drinking of copious fluids in hot weather. Drink leads to perspiration, and excessive perspiration, with the consequent tendency to catch cold, is one of the main dangers of hot weather in our changeable climate. Physiologically speaking, no doubt perspiration is one of the normal means by which the animal heat is regulated. But a man wrapped up in thick clothing is hardly in a physiological condition, and when the interstices of that clothing are full of vapour the good influence of perspiration in lowering

the temperature is much lessened. On the other hand, its dangers are much increased, for the chill goes on long after the heat is past, and unless the clothes are quickly changed, rheumatism, bronchitis, and other evils are only too apt to supervene. There can be but little doubt that the profuse perspiration, which is the cause of so many dangers, is greatly aggravated by drinking, and especially by drinking alcoholic fluids. No one can watch a tennis match without noticing how the men perspire, while the girls hardly turn a hair. Some, perhaps, will say that the girls play the feebler game; but, game or no game, they exert themselves. The same also may be seen at any dance. The secret is that the men follow their instinct and slack their thirst, while the girls simply bear it. It should be remembered that thirst is the result of want of fluid in the blood, not want of fluid in the stomach, and that a pint or more may be drunk before a single ounce is absorbed. Any attempt, then, to assuage thirst by rapid drinking must of necessity lead to far more being taken than is wanted, the moral of which is that if we must drink, at least let us drink slowly.—*British Medical Journal.*

THE INFLUENCE OF DRUG IMPRESSIONS: A STUDY IN MEDICAL EMPIRICISM.*

The symptoms of diseases and their treatment have been narrated a vast number of times, perhaps too many. At the recent meeting of the American Medical Association there were more than 600 papers on the programme, representing the most positive proof of the empiricism of medicine. The mere presentation of such a list of essays at an annual meeting of one medical association means, if it means anything, that medicine is as far from a science to-day as it ever has been in its modern history. Now that the papers of that meeting appear from week to week in print, the search for something definite that will augment the cure of sickness is certain to provide readers, but is an application of what is read likely to benefit the sick beyond the helps employed last year or the year before?

Read them and decide for yourself if your experience in practical therapeutics needs any reminders of the hopeless confusion that reigns since the advent of excessive commercialism in pharmacy and the birth of a new coal tar derivative or serum cure for each new day of the year. The profession is kept in a ferment of experimentation at the instance of the

* By Elmer Lee, A.M., M.D., New York.—Reprinted from the New York *Medical Times.*

industrious chemist and layman. The commendations of worthless drugs are planned and worded with all the conceivable art with which language abounds—practically the same art that is used to enhance the claims of such remedies as are advertised to the public through the secular press. And lately the proprietors have adopted a policy of working their wares at first upon the profession through the medical journals, and then later upon the people through the religious and secular papers. The demand for advertising has become so important as a factor of journalism that quack nostrums are now admitted to the advertising pages of the medical journals.

It would seem but natural that ere long, through concerted action by an army of trained physicians, such perfection in the treatment of the sick could be obtained which would satisfy the public as well as justify the profession in their claim to the title of physician. The laity has looked and waited while the experiments have been taking place, covering hundreds of years, and directed by innumerable clinicians, ever hoping to secure perfection in therapeutic methods. The premature taking-off of the patients illustrates too frequently how vain the search for success has been, either by the inaptitude of the average physician to comprehend natural method in treatment, or by the blinded adherence to chemicals which are so generously recommended in the spurious literature of the advertiser.

The reforms in treatment, so long as dependence is placed upon a belief in drugs to arrest and change pathologic conditions into normal health, will be slow, insecure and disappointing. The trial of drug remedies has included millions of instances and the time of the entire history of civilization. The failures to cure are strangely ascribed to the selection of the wrong drug or the improper dose, or some other incidental matter pertaining thereto which serves to defeat our expectations. Already the number of preparations devised by the chemist for the drug treatment of disease, according to good authority, exceeds more than 25,000 different remedies. The array of material from which to select is so great as to constitute a perpetual riddle in medicine. Individual judgment as to what remedy and in what dose will ever prevent, judging by analogy from the experience of the past, that simplification and approach to perfection of therapeutic method which is the desire of the age in which we live and the high need of the hour.

Were it possible for the profession to determine to its satisfaction the treatment of a disease so that it could be considered as settled, it could then turn its attention to some

other medical problem, and, after its mastery, take up still others, and so on, until the entire list would be completed. A great many years in the professional life are wasted in efforts to master what are, after all, only the non-essentials.

Then, again, the influence of drug impressions upon the mind, from childhood to old age, interferes with fearless and original investigations in other directions of treatment, more simple and truer to nature. It seems to be as difficult to free the mind from the ancient, mediæval and modern beliefs, relative to the popular custom of trying to cure disease by the administration of drug substances, as it is to escape the doctrines of theology.

Dr. Wendell Holmes, in an address before the class of 1861, at Harvard Medical School, spoke the truth in his emphatic and epigrammatic manner as follows: "The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the vegetable kingdom robbed of all its growth, the entrails of animals taxed for their impurities, the poison-bags of reptiles drained of their venom, and all the conceivable abominations thus obtained thrust down the throats of human beings suffering for some fault of organization, nourishment or vital stimulation," for which remarks he came near to excommunication from the orthodox profession.

Confusion arises frequently when an attempt is made to discover the relations between cause and effect, so that it is never certain in the minds of those practitioners who depend upon chemicals for the cure of the patient, which is the symptom of disease and which that of the drug. Besides, the attempt to treat symptoms instead of conditions means much trouble for the physician and generally disaster for the patient.

There is widespread belief that it is necessary to change the aspect of symptoms of disease by substituting a drug symptom, regardless of the vitality or the general effect upon the patient. For this purpose, a great variety of chemic depressants, excitants, irritants and obstructions are introduced into the human system, thinking that in some way, not very well understood, they contribute advantageously to the natural processes in their efforts to eliminate the cause of the disease.

Dr. Charles E. Page, a Boston physician, who is as much a master of practical therapeutics in the treatment of disease as was Dr. Holmes a natural autocrat in the philosophy of medicine, says in a recent communication that "Col. Ingersoll seems to stand precisely where we do as to orthodoxy, and his criticisms of theology and the supernatural would apply

equally well to the popular theories of medicine. The literature on the value of water treatment, pure and simple, inside and out, and statistics of comparative death rate, and so forth, are ample and at hand for any inquirers, but the profession prefers to stick to the popular plan of treatment, while aware, as we are, that drug poisoning interrupts and protracts the recovery of the patient. But they are orthodox, misled every way, and the knowledge of natural method does not penetrate the bomb-proof shell cast about them by the teaching of the medical schools."

In a recent letter from another discerning and successful practitioner he writes as follows: All the ills to which the flesh is heir can (if curable) be treated successfully by hygienic methods. When health is lost it is folly to complicate the case or render it hopeless by taking drug substances. It is worse than folly to surgically mutilate the body when there is not the slightest need. The life-giving agents which nature provides are intended for our use, in sickness as well as in health. They confer a twofold blessing; they keep us well so long as we use them properly; they also restore health when it is impaired. They do this without wasting the vital force and without injuring or destroying the constitution.

Why should the patient swallow a poison because he is ill, or take that which would make a well man sick? Such practice has neither philosophy nor common sense to recommend it. In sickness the body is always loaded with impurity; that is why it is ill. By taking drug medicines more impurity is added thereby, and the case is further embarrassed and harder to cure.

Furthermore, he states: The judicious use of hygienic agents not only does away with drugging, but with the greater part of surgery. Were the practice of hygiene universal, health would be the rule and sickness the exception. Drugs as curative agents would scarcely be heard of; their uses would be in chemistry and the arts, where they properly belong.

The Hoosier farmer tells of the death of his wife; it is tender and pathetic and contains a moral beneath the homely phrases:

"Lived together for forty years, sir,
Her an' me, come next December!
Never hed no trouble, neither,
Died, two year ago in August,
Hed the gripp, or somethin' like it.
Tuck a powerful sight of quine-ine,
And a heap of draps and powders,
And right-smart of other truck, too.
Nothin' seemed to do no good, tho'."*

* *Facts and Fancies*, O. Evarts.

It would be but a brief day, if only natural agencies were employed in the cure of the sick, until the treatment of acute diseases would be established upon a plane of perfection equal to that of mathematics, to the dismay and dispersion of empiricism. It is my experience that, in order to comply with the preconceived opinions of the sick and their friends, drugs in some form are required, not that they exert a curative influence from a pathologic standpoint, but that they appease the patient and satisfy the expectations of the friends. It is nearly or quite as important to satisfy the friends as it is to treat the patient.

For the purpose of complying with the inexorable demand by the patient for medicine, be he "wit," "sage," or "imbecile," use is made of some favourite placebo. The beneficial effect of the placebo is enhanced by a "wise look" and explicit directions, as well as by a judicious make-believe medicine that has a proper tint of red, green or yellow.

In a case of stomach derangement of recent date, a lady patient returned to me unexpectedly to say that by mistake she had taken an overdose of medicine, which had greatly alarmed her, and had produced, she said, a similar effect to that of too much morphine. She had been instructed to take one tablet at each dose, which contained nothing but one grain of sugar of milk, whereas the overdose, which had so alarmed her, consisted of two of these sugar of milk tablets. It was hard to keep my equanimity under this amusing circumstance, but the patient was sent away with the remark that she must be more careful in the future not to mistake or exceed the directions.

In another case a mother, whose child was under treatment, complained that the last medicine given her for her use was not entirely satisfactory. Her observations as to the effect of the objectionable remedy was thoughtfully received, and tablets of sugar of milk, but of a different colour, were substituted for those which had been unsatisfactory. The mother at the time of her next visit to me spoke in the highest praise of my skill in meeting the requirements of her daughter's case, which had "baffled the efforts of the professors at the college."

The day is far away when the profession will be able to drop the mystic influences of potions and powders, draughts and placebos in general or special practice. Nevertheless the experience gained in the active work of the profession for many years has taught the valuable lesson of non-reliance upon drug therapeutics for the cure of the sick, much to my own satisfaction and to the rapid recovery of the patients. A few chemicals have a proper place in the exigencies of

the moment, for purely temporary use, but beyond this limited employment there is no physiologic justification for the introduction of drugs or serums into the human organism.

When the departure from the habit of prescribing medicines in the usual form and according to the prevailing popular notions of their utility was first made, it was with acknowledged fear and caution, because the milestones at that time were few and far between on this highway of treatment. The journey along the way since then has been made safe and agreeable by reason of the association with many wise and friendly masters of medicine whom it has been my pleasant experience to meet, and from whom both counsel and encouragement have been received.

[If the writer of this article would read Tract xiii. of the Homœopathic League series, entitled *From Empiricism to Homœopathy*, by Mr. Gerard Smith, he would find that drugs used with a well proved therapeutic rule as the basis of their selection, given moreover in a *therapeutic* and not in a *physiological* dose, and prescribed singly, not in mixtures, are valuable aids in promoting the cure of disease. So given drugs "do appease the patient and satisfy the expectation of friends," and that they do so by exciting "a curative influence from a pathologic stand-point."—Eds. *M.H.R.*]

TYPHOID FEVER.

We make a few extracts from a paper by Dr. C. H. Thompson, of Santa Rosa, Calif., in the *Pacific Coast Journal of Homœopathy* (August.) He says:—

"In my observation, the class of cases that come on very gradually and insidiously, with an increasing fever day by day, are the most difficult and serious ones to treat, from their indefinite character; and they seem to be on the negative side, as far as treatment and recovery are concerned. In some of these cases that have come into my hands, with this gradual increase of severity there would be no remission or sign of a change, but a gradual progress until death took place.

"On the other hand, a fever that sets in with sharp, well-defined symptoms, presents a bold front, is much more easily influenced by remedies, and recovery is more prompt.

"Another peculiarity that I have often observed here is a double fever. After the fever has apparently passed, or nearly so, and the temperature becomes nearly normal at all hours, and all signs of convalescence are at hand, without any apparent cause, as error in diet or exercise, the temperature and pulse will again arise, and another course of fever will be

passed through, as severe as the first, though perhaps not quite so protracted."

He believes that, under homœopathic treatment, looseness of the bowels is not a very serious complication, nor even intestinal hæmorrhage. During twenty years' residence in California he had only had one fatal case, and that in a Japanese. They seem unable to resist the typhoid poisons. He believes also that children and old people bear this disease better than people in middle life. On the important question of diet, he observes:

"I always prefer liquid food; milk or good beef or mutton soup are the best. Beef tea is always to be avoided. Bovinine is excellent when the bowels are tender, and malted milk affords variety.

"In their season, I advise almost any fresh fruit juice, especially grape juice, in moderate quantity. In one case, of a boy very sick and troubled greatly with painful flatulence, with loose discharges which were quite intractable, he wanted some peaches, which were then ripe; they were given him, and the result was very beneficial; and now, in the season of ripe peaches, I advise a judicious use. I never give nourishment oftener than once in three hours, and during the night not as often. I nearly always let the desire for food govern the quantity. I look upon a teaspoonful of food that is easily assimilated as better than a pint that causes flatulence and indigestion. I have seen patients go down to death from a dose of chicken soup.

"Alcoholic liquors I rarely use, never unless there is a very soft pulse, in this or any other disease.

"Daily, or many times during the day, when the temperature is the highest, I use sponge baths, or let the patient lie between wet sheets of warm water."

Turning to remedies, Dr. Thompson gives the result of his experience as follows:—

"Belladonna I have used here more often than any other remedy, especially in the first few days. When on touching the patient I find a peculiar pungent heat, not on the abdomen only but all over the body, and if a slight moisture the indication is so much the stronger. Then the injection of the vessels of the conjunctiva, headache, tongue slightly coated and prominent papillæ. These symptoms with others I *often* find, and belladonna has done more towards modifying the whole course of the disease than any or perhaps all other remedies, for in typhoid, and in fact almost any disease, if the first prescription is wrong, you may have a tangled skein all the way through.

"A very strange thing to my mind is, that two remedies

very nearly related to belladonna, hyoscyamus and stramonium, are so seldom used or indicated, though I occasionally prescribe hyoscyamus with very moderate result. I do not remember to have ever gotten a favourable result from stramonium but once; as a rule, when I find stramonium well indicated, I make up my mind that the undertaker will soon be in that part of the town.

"I well remember a case of typhoid mania, which was a double case. I had vainly prescribed hyoscyamus and later stramonium, which were certainly indicated, as far as I could interpret symptoms; thinking I had a fatal case anyway, I gave a full dose of morphine and chloral, which had the happiest effect; they not only gave rest, but seemed to reduce the fever, and a good convalescence followed.

"Of all remedies in well-developed septic conditions, whether typhoid, scarlet, or puerperal fever, none meet my expectation better, and that I am more grateful for, than lachesis. When asked to put out the tongue, the patient makes the effort, but the tongue, trembling, red, dry and cracked at the tip, brown farther back, catches on the teeth, and finally does not come any farther. Lachesis will not only enable the patient to put out the tongue, but will relieve the whole septic condition.

"I have never had a patient that had the classic mental condition of baptisia, but I have often prescribed it and with good results. About eleven years ago it seemed to be the epidemic remedy; I had a number of cases, and in nearly all it seemed to be the curative remedy. Since that time I have not used it so frequently. Loose, offensive passages, offensive breath, tongue with a strip of dry red or brown in the centre, and white or red on the sides, are to me indications for baptisia, which I then use in the first decimal potency, and generally with good results.

"Rhus toxicodendron is one of the standbys, and when indicated never fails to do well. Of late years I have not found it indicated as much as formerly. An aged practitioner of wide experience told me that in a region where the rhus californica is as common as it is here, that every one is inoculated (after the fashion of the antitoxin treatment, I suppose), and rhus tox. will have no effect. But still rhus tox. is used, and with good effect.

"Of all the other remedies named in text books, I use occasionally, and though I try and not get into a rut, and to leave no means unturned to give a good prescription, and hunt the repertories for remedies to meet the systems, I am generally obliged to fall back upon the old and well-tried remedies. But I must admit that there are sometimes cases that begin

with slight illness, and the septic influence increases and predominates, and no remedy seems to stay the progress of the disease. I have, in my experience, found a few such cases that seemed to lead down to death, not by what we call accidents or complications or relapses, but the vital forces being overcome by the poison of the disease."

COCAINE.

MAGNAN described as a characteristic symptom of cocaine poisoning an hullucination which consisted of a sensation as if foreign bodies were under the skin, generally small, round substances like grains of sand.

Korsakoff reported the case of a woman suffering from multiple neuritis, who complained of a sensation as if a worm were under the skin. This woman was being treated at the same time for a uterine affection by means of vaginal tampons containing cocaine. A discontinuance of these caused the subcutaneous sensation to disappear.—*New York Medical Times.*

THE ACTION OF IODIDE OF POTASSIUM ON THE BLOOD OF SYPHILITICS.

COLOMBINI and Gerulli, working at the Dermato-syphilitic Institute in Siena, find that iodide of potassium given by the stomach before any other drug, and in the early stages of syphilitic infection, causes an increase in the number of red corpuscles and in the quantity of hæmoglobin. If the administration is continued, sometimes a diminution of the red corpuscles, followed by a progressive and continuous increase, occurs. Sometimes the increase is continuous, and not interrupted by a decrease. When the iodide is stopped the red corpuscles and hæmoglobin tend at first to diminish, but afterwards start afresh to increase. At the same time there is a notable and constant increase in body weight. The authors attribute the beneficial results of treatment to a specific action of the iodide upon the syphilitic virus. They believe that iodide of potassium in moderate doses and over a moderate time, is the best remedy for the severe forms of chloro-anæmia due to syphilis. A parallel series of experiments on the blood of healthy subjects showed that under iodide of potassium there was constant diminution of hæmoglobin and of red corpuscles. The white corpuscles appeared unaffected. The body weight decreased, especially when the dose of iodide of potassium was progressively increased.—*British Medical Journal.*

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Messrs. E. GOULD & SON, Dr. GALLEY BLACKLEY (London); Dr. ORD (Bournemouth); Dr. C. H. BLACKLEY (Southport); Dr. MCLACHLAN (Oxford); The Hon. Dr. ALLAN CAMPBELL (Adelaide); Mr. PORESH NANTH DUTT (Calcutta).

Dr. WYNNE THOMAS, of Bromley, has removed to 79, Tweedy Road.

Mr. DUTT,—There is no way in England, and no honourable way elsewhere, of your obtaining a medical title without a complete course of medical education.

BOOKS RECEIVED.

The Journal of the British Homœopathic Society. July. London.—*The Homœopathic World.* August. London.—*Medical Reprints.* August. London.—*The Chemist and Druggist.* August. London.—*The Medical Times.* August. New York.—*The North American Journal of Homœopathy.* August. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* July and August. New York.—*The New England Medical Gazette.* August. Boston.—*The Hahnemannian Monthly.* August. Philadelphia.—*The Homœopathic Recorder.* July. Philadelphia.—*The Homœopathic Physician.* June and July. Philadelphia.—*The Clinique.* July. Chicago.—*The Southern Journal of Homœopathy.* June. Baltimore.—*The Minneapolis Homœopathic Magazine.* June, July and August.—*The Homœopathic Envoy.* July and August. Lancaster, Pa.—*The Calcutta Journal of Medicine.* September and October, 1896.—*Indian Homœopathic Review.* Calcutta. May.—*The Pacific Coast Journal of Homœopathy.* July and August. San Diego, Cal.—*Revue Homœopathique Belge.* June. Brussels.—*Allgemeine Homöopathische Zeitung.* July and August. Leipzig.—*Leipziger Populäre Zeitschrift für Homöopathie.* August. *Homœopathisch Maandblad.* August. The Hague.—*Rivista Omiopatica.* May and June. Rome.—*El Propagador Homeopatico Organo del Instituto Homœopatico y Hospital de San José.* June. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

ON THE RELATION OF RECENT PHARMACOLOGY TO THERAPEUTICS.

The publication of the voluminous reports of experiments with drugs, made in the laboratories established for research in physiology, provides us with a vast array of facts which ought to be of great service in perfecting the Homœopathic Materia Medica. The results are, however, disappointing and of little practical use. The causes of their being so are principally two. In the first place the experiments are, with few exceptions, performed on animals unlike man in many respects. Secondly, they are recorded in a language which is not clinical, and which needs to be translated before the facts can be made to give us the picture of any diseased state such as may be met with in practice.

Nevertheless, the experiments on animals are not altogether useless. When certain results are the same, and especially when pathological changes are observed to be similar, in all the animals experimented upon, these results may be fairly considered characteristic of the drug. Take the case of the poison of the honey bee. The uniform production of symptoms like those which have been observed in man, *plus* the small hæmorrhages in many tissues and organs, indicates that all animals are similarly affected by the bee poison. These facts supplement the provings of Apis already published in

the *Cyclopædia of Drug Pathogenesy*, and give indications for its use in disease which are not contained in the human provings. They are not contradictory to but confirmatory of the human provings. If phloridzin produces glycosuria in all animals to which it is given, and these animals are some carnivorous, some herbivorous, some mammalian, some oviparous, we know that the action of this drug is uniform, and that it may be fairly tried as a remedy in diabetes mellitus when it comes under our notice as a disease in man.

There is one respect in which the experiments on the lower animals are better than those made upon some human provers—they are free from imaginary and fanciful symptoms which becloud some of our provings. Some patients, whenever they take a drug, can always supply numerous additions to the published materia medica, expressed in the usual language of the old provers, and suggestive of a careful study of the Hahnemannian schema.

There is one particular which has been brought forward to discredit the proving of medicines on the lower animals, and that is the toleration which is shown by some animals when certain drugs are used for the experiments. A rabbit cannot be made sick by ipecacuanha or tartar emetic. A rabbit is not liable to sickness like a dog, owing to the anatomical position of the stomach. This is simply negative, and, as regards the action of small doses of an emetic on a sick dog or man, goes for nothing. As rabbits are never sick they will never require a dose of ipecacuanha to cure vomiting.

Again, the immunity of an herbivorous animal to a poison like belladonna may be due to the frequent eating of belladonna. But, whatever is the cause of the immunity, the rabbit merely becomes an unsuitable subject for experiment with that drug, just as a man, who, in consequence of being stung frequently by bees, enjoys freedom from the further action of the bee poison. If other animals are poisoned by belladonna and the symptoms agree with those of man, as far as they can be compared, the human provings are confirmed. The drug can be given to the sensitive animals in fatal doses, and pathological indications obtained which may be very useful in practice. The loss of the patellar reflex is

well known as a result of lead poisoning, but there are few drugs of which the involuntary provings are so complete as those of lead, and this valuable diagnostic sign needs to be investigated by laboratory experiments to complete the provings of drugs which are indicated in diseases of the spinal cord.

The second cause of unsuitability of experiments upon animals is due to the fact that they are undertaken *to advance pure physiological investigation*, and the results are given as curves of blood pressure, as variations in the chemical constituents of the bile or other similar conditions, which are not clinical, and which are not of any value as indications for the use of a drug from our point of view. What advantage is it to us to know that the injection of propylenpseudothioharnstoffchlorhydrate into the abdominal cavity of a frog causes death with symptoms of tetanus? And it is not easy to see how such an experiment advances physiology.

Lauder Brunton defines "Rational Medicine" as the knowledge of the pathological conditions existing in a diseased state, and the exhibition of a drug of which the pharmacological action must be such that it will remove or counteract these pathological conditions. Although Lauder Brunton is obliged to admit that some drugs appear to act on the principle of similars, he says that it is of such limited application that the principle of *contraria contrariis curentur* is the one to be followed, and evidently intends it to be implied in his definition of "Rational Medicine." It is therefore by chance or by accident that help comes to our therapeutic method from these pharmacological experiments.

THE PRESIDENTIAL ADDRESS.*

By P. Proctor, L.R.C.P. Ed., &c.

Dear Colleagues,—It is with great pleasure that I meet you once again at our annual Congress, and as on this occasion you have been good enough to elect me to the chair, let me in the first place thank you for the honour you have done me, and in the second, allow me to express the hope that in point of interest and usefulness the present meeting will not be inferior to any that have

* Delivered at the Congress held at Bristol, September 16th.

preceded it. Indeed, the programme before us, not lengthy but to the point, offers a guarantee that such will be the case.

We meet to-day once more, after an interval of 21 years, in this ancient and yet very modern city of light and leading, identified as it is with much of the historic past, and yet responsive to every impulse of the moral and intellectual life of to-day; and we meet in a year that will long be memorable in the annals of our country. The Diamond Jubilee of the Queen's reign falls at the close of the century, and it so happens that homœopathy attained its centenary last year, so that to us in particular the Victorian era is pre-eminently interesting as being the era of homœopathy. And what a century it has been for us! Surely never since the time of Galileo has a scientific doctrine been assailed for an entire century by such determined foes as has been our fate; and at the end of this prolonged antagonism we find we are stronger in ourselves, and stronger in the confidence of the public than at any previous period of the century.

It is just possible that had we met at the outset with a friendly reception we might have been absorbed by the general profession, and lost our entity as completely as a lump of sugar which is dissolved in a cup of tea, losing thereby the possibility of growth and development that we now possess. Opposition found us detached units, and it has welded us together, and henceforward homœopathy has the promise of a distinct existence whatever may be the future policy of the profession with regard to us. We stand here to-day as a grand anomaly in the fact that, by the profession at large, we are neither accepted nor refuted. Common sense would say that we ought to be either one or the other. "The times have been that when the brains were out the man would die, and there an end," but although the brains were supposed to have been beaten out of homœopathy, the thing has continued to live on and keep growing, until as we saw by our International Congress last year, our tales have gone out to the end of the earth, and there is hardly a human being in the civilised world but has heard something of our system.

The fact is, a wrong diagnosis of our case was made in the very beginning, and it was followed by a wrong

prognosis. Without proper investigation homœopathy was condemned as false, and its life therefore was to be the short life of all scientific errors. You know, as medical men, what your feelings would be if a patient, whom you and your colleagues had pronounced to be moribund, persisted in living on year after year against all rule and precedent. You would feel that he was making a great mistake, and that if he were not already a ghost, he ought to be. Something of this feeling, I think, it must have been that led Sir Wm. Broadbent lately to make the remark that homœopathy was, like a belated ghost, haunting the dawn of scientific medicine. After the death of homœopathy had been so often predicted, Sir William persuaded himself that he had at last seen its ghost, a natural illusion under the circumstances. But I think it was only an error of perception. What he took to be a ghost was really the shadow of a living body, and that shadow does occasionally pass over the disc of "scientific" medicine. Not that I would deny there are ghosts about—the intellectual world is infested with them. But in this case they are rather to be found in the rusty lancets and cauteries of the surgeon, in the gallipots of old polypharmacy, and in the echoes of obsolete medical theories in the popular mind. These are where the ghosts of the dead past are to be found.

Our presence here to-day is virtually an indictment of the profession for its neglect of a principle of treatment that belongs to legitimate medicine, that has always been regarded as a part of its honoured traditions, and that has at all times found expression in a thousand instances of actual experience, from the time of Hippocrates downwards. Yet it has been left to us under so much discouragement to sustain in existence, to carry on, and to develope in these days that principle which rightly belongs to medicine as a whole, for which services we have been relegated to a sectional position, from which, however, we do not flinch, knowing that we are sustained by a truth that sooner or later must be generally admitted.

I said we are an anomaly in being neither accepted nor refuted. And why? I believe it is owing to nothing else than ignorance. Ignorance of our doctrines and practice, ignorance of our writings, and of medical history in general, and our allopathic friends must step

outside their own journals, which keep them quite in the dark, if they are to learn anything about homœopathy. It has been said that against stupidity the gods fight in vain; but there is a barrier more insuperable even than that, and that is, a well reasoned out conviction that your opponent cannot possibly be right; *à priori* considerations bar the way to enquiry, and argument is in vain.

We are accustomed to exalt the logical reason to the highest rank, but I question whether in medicine it has not done more to retard than promote it. All the medical systems of the past were carefully reasoned out, and satisfied the mind just as our modern theories do. Of course the medicine of to-day is scientific; it always is.

But let us hear what the President of the College of Physicians, Sir Samuel Wilks, has to say about it in this year of grace 1897. In *The Practitioner* for June he says: "As regards improvement in internal treatment by means of drugs little can be said. Scientific therapeutics is what we are hoping for, but at the present time very little exists, and especially for the reason that we are not fully acquainted with the action of many of the medicines we use, and we are still more ignorant of the true signification of the symptoms of disease which we treat. The use of nitro-glycerine is regarded as placed on a scientific basis, but if so there are not many other remedies in the same enviable position. That which is often called scientific is when a number of remedies are given for each particular symptom. For example, in pneumonia, antipyrin to abate the fever, antimony to promote expectoration, bromide to cause sleep, and strychnine to support the nervous system. Not believing in this method which I have unfortunately witnessed, I cannot say that we have made much headway in therapeutics." And yet, gentlemen, you will see that all this is very rational. Every symptom is met by an oppositely acting medicine, and still Dr. Wilks is not satisfied. Rational medicine, indeed! Why there never was a time when it was not rational, and the further back we go, the more rational it was, and the less founded on observation. How forcibly the advice given by Hunter to Jenner, "don't think, but try," comes back to us, and how often have

we said the same to our opponents; but the *à priori* objections have barred the way to experimental enquiry.

Now, gentlemen, let us look for a moment at the position in which we stand in relation to allopathy.

After clearing away a number of minor considerations, we find ourselves face to face in this wise. On the one side is the idea that all deviations from the line of health are to be remedied by an equivalent dose of some medicine, pulling or pushing the vitality in an opposite direction, after the simple rules of mechanics; and on the other side is the small dose, selected on the principle of similars, but what it is actually doing in the body no one can exactly say. It does not seem to be opposing any function or offering any antagonism, but rather seems to be co-operating with the vitality to bring about in some silent and gentle way the balance of health. It looks as if it were essentially a case of co-operation *versus* antagonism. In dealing with my subject I must exclude from consideration many remedies used more or less empirically by our opponents, some of them being undoubtedly of a homœopathic nature, and also any consideration of the new researches into serumtherapy and organic extracts, on the former of which I am glad to see we are to have a paper by Dr. J. Johnstone. They are a new development and are full of promise, but at present they have not quite ranged themselves. I deal only with the root ideas of allopathy and homœopathy. Here they are, and here they have been for centuries, both being recognised by Hippocrates, and both forming part of the traditions of medicine. In earlier times I think it probable that homœopathy was in the ascendant, but in later days the rationalistic conception of cure drawn from the world of physics came to predominate, until at present it appears to be the sole principle of treatment, as you will see by reading any treatise on materia medica, a few specifics and alteratives being placed in a list by themselves as so many therapeutic outlaws, which indeed they were until Hahnemann stepped forward and gathered them up as so many waifs and strays, and found a golden thread connecting them. The principle of similars, which had been a possession of medicine during its whole history, had become practically lost, and Hahnemann came in

these latter days simply to restore to medicine its lost inheritance.

It were greatly to be desired that homœopathy appealed to common sense in the same way that allopathy does (using the term in the simple sense of applying the principle of contraries). The principle of opposites is seen in action in the world around and about us. It is seen in the laws of mechanics and the general behaviour of the physical forces, in the balancing of powers by equal and opposing energies. It is so obvious and so universal in the realm of physics as to suggest that the same applies to the vital force, and accordingly the profession has on purely rational lines constructed its system of treatment on the principle of simple antagonism. A deviation from the line of health is met by some drug acting in an opposite direction. This is so simple and so obvious as to rise to the level of common sense. And yet, unless the vital force be proved to belong to the same order as the physical forces, it may be very misleading.

We may go a step further and admit, as we do, that the principle of opposites in medicine is a real and a true principle; that it has its place, and its value, and we occasionally have to resort to it in cases of poisoning and for palliative purposes; and yet we know so well from experience the superior value of the homœopathically selected medicine in bringing about a permanent cure, that we can only regret it does not so obviously appeal to common sense. In fact, homœopathy is a very difficult subject, the small dose and its selection on the principle of similars are both difficulties. Our system has to win its way against the current, and from this chair, year after year, the attempt is made to harmonise our doctrines with the rest of our knowledge. Some day, I doubt not, when our acquaintance with vital laws is more advanced, we shall be able to see as a self-evident proposition the necessary truth of the homœopathic law. In the meantime we must do our best, by fact and argument, so to present our case to the court that all prejudice against it may vanish, and it may receive a fair trial by the entire profession.

In thinking over a subject suitable for this address, it seemed to me that among the prejudices against homœopathy there was this important one. It is thought that

it was elaborated by one Hahnemann out of his own head some hundred years ago, that it was a pure invention, that it stood apart from the rest of medical science, and therefore deserves no attention. Such a notion might be excusable amongst the public, but the profession ought to know better. Unfortunately our profession is the only one that has no past, it has only a future. Previously honoured names are thrown to the winds, for are we not told we are only now living in the dawn of scientific medicine? As a matter of fact, a history of medicine is hardly to be found in the library of a medical man, and consequently the profession is pretty much in the same plight as the public as regards our own predecessors, on whose shoulders indeed we stand. If our history were better known, it would not be necessary to refer to the fact that the treatment of disease on homœopathic lines has been handed down to us by a number of writers long before Hahnemann, and for the sake of placing his work in its true relation to the historical development of the idea, it occurred to me that a parallel might be drawn between his labours and those of our distinguished countryman, Charles Darwin. The similarity that struck me most forcibly lay in the fact that the mission of Darwin was precisely analogous to that of Hahnemann. The idea of evolution was as old as that of homœopathy, but both were vague and tentative, hardly worth calling more than a speculation, until these two men came, and then by the range of their knowledge, the power of their intellectual grasp, their industry, and their penetration, the two allied biological sciences were left at their death in a very different state from that in which they were found.

The masterly little biography of Darwin, by Grant Allen, puts the matter in a nutshell. He says:—

"To most people Darwinism and evolution mean one and the same thing. After what has been said, however, with regard to the pre-Darwinian evolutionary movement, and the distinction between the doctrines of descent with modification and of natural selection, it need hardly be added that the two are quite separate, and separable in thought, even within the limits of the purely restricted biological order. Darwinism is only a part of organic evolution, the theory as a whole owes much to Darwin, but it does not owe everything to him

alone. There were biological evolutionists before ever he published his *Origin of Species*, there are biological evolutionists even now who refuse to accept the truth of his great discovery, and who cling firmly to the primitive faith set forth in earlier and cruder shapes by Erasmus Darwin, by Lamarck, or by Robert Chambers." "Nevertheless the popular instinct which regards Darwinism and evolution as practically synonymous, is, to a large extent, justified by the actual facts of the psychological upheaval. Darwin's work forms on the whole the central keystone of the evolutionary system, and deserves the honour which has been thrust upon it of supporting by its own mass the entire superstructure of the development theory." "No other man," he says, "did so much, or could have done so much, to ensure its triumph. He began early in life to collect and arrange a vast cyclopædia of facts, all focussed with supreme skill upon the great principle he so clearly perceived and so lucidly expounded. He brought to bear upon the question an amount of personal observation, of minute experiment, of world-wide book knowledge, of universal scientific ability, such as never perhaps was lavished by any other man upon any other department of study. His conspicuous and beautiful love of truth, his unflinching candour, his transparent fearlessness and honesty of purpose, his child-like simplicity, his modesty of demeanour, his charming manner, his affectionate disposition, his kindliness to friends, his courtesy to opponents, his gentleness to harsh, and often bitter, assailants, kindled in the minds of men of science everywhere throughout the world a contagious enthusiasm, only equalled, perhaps, among the disciples of Socrates and the great teachers of the revival of learning. His name became a rallying point for the children of light in every country, and what philosophers and speculators might have taken a century or two more to establish in embryo, was firmly grounded, never to be overthrown by the vast accumulations of fact and argument in the *Origin of Species* and its companion volumes."

In listening to these words, you who know something of the history of the homœopathic idea, will be struck by the really marvellous similarity between the personality, the labours, the learning, and the achievements of the

two men; and we may say, besides the similarity, there is the absolute identity of purpose accomplished by each in his own sphere. They both belong to the century, both lived a life of happy domestic relationships, and both attained to length of years. They were both, perhaps, the most learned and accomplished in their special sciences; they both stood high, very high, in the estimation of their colleagues; both were indefatigable observers and voluminous writers; both made use of their immense reading and observation for the establishment of a biological law; Darwin by his proofs of the law of natural selection, and Hahnemann by his systematic proving of medicines on the healthy and the use of the small dose. Both met with the most violent opposition, both succeeded in founding a school, and both threw into the scientific arena a doctrine of such immense importance and suggestiveness as to have given rise to an entire literature on their respective subjects.

I would draw attention to a curious similarity also on their negative side. Professor Huxley pointed out that what Darwinism stands in need of is a theory of variation, and we are all conscious of the want of a theory of the action of the small dose. There are probably many other points of similarity that would appear on a closer study, but those mentioned are sufficiently interesting to deserve a little attention, and with your permission I will offer a few comments on some of them.

As regards Hahnemann the personal element is singularly the same as with Darwin. His own work and influence were so great as to overshadow every other name, and to identify so completely his own name with the subject that he came to represent the entire conception to the general mind. But this, as you know, is a popular error. At the time of his writing, Hahnemann was well-known by his colleagues to be bringing forward no new doctrine, it was always a possession of medicine, and he himself denies any such pretension. In a note to the introduction in the *Organon* he says: "I do not bring forward the following passages from authors who had a presentiment of homœopathy as proofs in support of this doctrine, which is firmly established by its own intrinsic merits, but in order to avoid the imputation of having

suppressed these foreshadowings with the view of claiming for myself the priority of the idea."

In a paper by Mr. Leadam in the eighth volume of the *British Journal of Homœopathy*, in Mr. Henriquez' *Art versus Nature*, and Dudgeon's *Lectures on Homœopathy*, you will find references to the recognition of the law of similars far back in history. The merit of Hahnemann is, not that he discovered homœopathy, but that he established it, just as Darwin established the fact of evolution by means of natural selection. But it will be said, Darwin lived to see his doctrine accepted all along the line, whilst homœopathy is still the doctrine of the minority. Homœopathy, however, has not yet fulfilled its mission; it is still young and vigorous, but let us see what it has done already. We may point to the number of the avowed practitioners all over the world, and the number of the intelligent portion of the community who adopt the treatment; but this, I take it, is the least part of our services. We have brought round the professional world very largely to our standpoint. The main positions we take are these. 1st. Vitality is a force *sui generis*, having its own laws of action, and is not to be regarded as mere physics or chemistry. 2ndly. Disease is merely a disturbance of the vital activities. 3rdly. A derangement of that vitality is best corrected by a small dose of medicine, selected on the principle of similars; and, lastly, as a corollary, the single medicine.

Now for the evidence that homœopathy has brought round the medical world to its own way of regarding these.

In the June number of *The Practitioner* you will find the following observations by Dr. Leech: "The therapeutic resources of the present time, as indicated by the number of potent remedial agents which have been introduced, have undergone an extraordinary increase during the Victorian period, but the principles on which the medicines are employed have undergone almost as great a change. Sixty years ago, diseases were looked upon as entities to be directly attacked and overcome by remedies. They are now regarded as evidences of changed functions of various organs, and our efforts are directed to find agents which will restore to these organs

their proper functions or remove the cause which induces the change."

If Hahnemann were present to hear those words, he would be inclined to say "At last!" This view of disease, a purely vitalistic one, he had arrived at a century ago, and you will remember what a fight he had with the legion of false hypotheses and baseless speculations, as to the essential nature of disease. So here, at any rate, we have reached the homœopathic stand-point. In the next place, as regards the small dose and the single medicine, it is obvious to everyone that the entire aspect of pharmacy has changed. Homœopathic medicines are being imitated so well that we can use many of the new pilules and tabloids ourselves. They are in many instances virtually homœopathic, being made up of drop doses of tincture and of tenths and hundredths of a grain of triturations. What conceivable use can there be for drop doses of aconite and belladonna except on homœopathic lines? And *horribile dictu!* the last and most unwelcome victory for homœopathy is found in quack medicines being advertised in our name.

Before quitting this reformation in pharmacy, allow me to quote the impressions of an American writer, a shrewd observer, though not a medical man: "Take a single detail, for example—medicine. Galen could have come into my sick room at any time during my first seven years, and he could have sat down there, and stood my doctor's watch without asking a question. He would have smelt around among the wilderness of cups and bottles and phials on the tables, and the shelves, and missed not a stench that used to glad him two thousand years before, nor discovered one that was of later date. He would have examined me, and run across only one disappointment—I was already salivated; I would have him there, for I was always salivated, calomel was so cheap. He would get out his lancet then; but I would have him again, our family doctor didn't allow blood to accumulate in the system. However, he could take dipper and ladle and freight me up with old familiar doses that had come down from Adam to his time and mine, and he could go out with a wheelbarrow and gather weeds and offal, and build some more while those others were getting in their work. And if our reverend doctor came and found him there he would be dumb with awe,

and would get down and worship him. Whereas, if Galen should appear among us to-day, he could not stand anybody's watch, he would inspire no awe, he would be told he was a back number, and it would surprise him to see that that fact counted against him instead of in his favour. He wouldn't know our medicines, he wouldn't know our practice, and the first time he tried to introduce his own we would hang him." And then, after describing some choice specimens of old polypharmacy, he goes on to say: "When you reflect that your own father had to take such medicines, and that you would be taking them to-day yourself but for the introduction of homœopathy, which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

Excuse my quoting from a non-professional source, but really, when it comes to the taking of medicine rather than prescribing it, the patient sometimes knows more about it than the doctor.

Then we come to the selection of the medicine on the lines of "similia," and here the opposite camp is in a state of confusion. Whilst nominally denying the homœopathic law, there are efforts continually being made to explain the homœopathic action of medicines. Amongst the many curious things that have cropped up during our long controversy this, I think, is the most worthy of notice. You are aware that on our side we have speculated widely to endeavour to bring the curative action of the small dose into line with other known facts of science, and after a host of theories have been constructed and abandoned, there remained two that appear to hold the field, viz., that of wave interference and that of the opposite action of the large and the small dose. This latter is, perhaps, the more generally held, and you will remember that our late colleague, Dr. Sharp, spent the later years of his life in attempting to prove this to be the true explanation, and it is interesting to see that a paper is down for the meeting of the British Medical Association in Montreal this year on this very subject—the opposite action of the small and the large dose. It is also worth notice, that very early

in the homœopathic controversy, Dr. Hufeland, the Nestor of medicine in Germany, has the following in his *Practice of Medicine*:—

"Even the direct cure of disease by specifics so called, is the work of nature, for the remedy used acts only as the excitant, and the reaction it awakens and the alteration for the better are solely owing to the internally working power of nature. Thus far also homœopathy, which claims so high a stand above nature, is the best proof of her power, for Hahnemann's doctrine is nothing more than a method of curing diseases by specifics, and in selecting such a remedy as will create a disease similar to that which already exists, affecting the very organ diseased, excites the reaction of nature in this part and produces that internal curative process which heals the disease."

One might take this as a vindication of the law of similars, and ask the question why, with such a presumption in its favour, the whole profession did not take up and pursue this line of enquiry, for if there be any truth in Hufeland's explanation, it is of such supreme value that I know of no principle in the whole science of medicine that can compare with it in practical importance. On any rational ground such refusal is unintelligible.

But now let us touch on the other theory, that of wave interference. Mr. Buist Picken, who has written so ably in its advocacy in our journals, deserves mention for his praiseworthy efforts, and I would call particular attention to the fact that, on the allopathic side, Dr. John Harley points out the similarity of the effects of atropia to those of certain inflammatory diseases, and very singularly he recommends atropia in small doses in these very diseases, and for the following reason: "Two similar effects, the one arising from a local irritation and the other from the presence of belladonna, like spreading circles on a smooth sheet of water, interfere with and neutralise each other." And Dr. Lauder Brunton, who has whittled down his objections to homœopathy to this, that it is not universally, though it is partially true, has studied this same atropia, and he finds the large and the small dose opposite in their effects. So that on the allopathic side, as well as on our own, the two theories of wave interference and the opposite

action of large and small doses are propounded as explanations of the homœopathic cure. This looks as if our nominal opponents had a boding sense that at any moment the veil that hides the operation of the small dose may be lifted, and homœopathy be seen to stand forth a self-evident scientific truth. In which case they will be able to point to these anticipations, and say with Sir John Falstaff, after his exploit at Gadshill: "By the Lord, I knew ye!"

For my own part, I am inclined to think it doubtful whether any parallel to vital processes will be found in the world of physics. Life is so unique a thing, with its powers of growth and reproduction, its reaction to stimuli, its capability of exhaustion and recuperation, and its association with feeling and thought, that to use an Irishism, "none but itself can be its parallel." Consequently, analogies with mechanics, with light, and sound, &c., will be but imperfect, not running on all fours, and if an explanation of the homœopathic cure comes about it will, I think, be strictly on vitalistic lines.

There will probably be many explanations yet of the homœopathic action of medicines, and there is one that occurs to me that I would like to mention, for it certainly seems to fit a considerable number of that class of diseases which are termed heterogeneous, *i.e.*, produced by hurtful influences exercised upon us from without. That derangement of the vital activity that we call disease, is in such cases but a want of adaptation to new elements in our environment, and cure comes about in two ways, either by removal of the cause or adaptation of the system to it. It is quite conceivable that the small dose acts as an intermediary, as a stepping stone, to enable the vitality to pass from one condition of things to another by an easy transition, by several little steps, instead of one large one. However, I will do no more now than just throw out the idea for after consideration, accompanied by the reflection made earlier on, that the homœopathic cure is brought about by such a slight force that it is on the face of it unlikely to be done by any form of opposition to the vital activities, but seems rather to be in some way a mode of co-operation with them. If this idea be entertained, then in addition to the wave theory and the theory of large and small dose opposition, we may consider this third one of acclima-

tisation, as we may term it, on the well known principle of acquired tolerance or immunity, which is thus extended to all the elements of our environment, and not limited to those few organic poisons to which the term immunity is generally applied. In any case, whether this explanation of homœopathic curative action be true or not, I am inclined to think that the action of the small dose will in some way fit in with the great principle of the adaptation of the individual to his environment, by means of which the survival of the fittest is brought about. In some such manner homœopathy may be seen to owe its superior efficiency to its co-operation with the vital force, and to stand out in striking contrast with the root idea of allopathy, which is essentially that of medicinal antagonism.

And now to conclude, let me remind you of the points I have endeavoured to bring to your memory. In the first place, that homœopathy as a principle is as old as allopathy, and equally belongs to the science and art of medicine; secondly, that Hahnemann did for homœopathy what Darwin did for organic evolution; he established it on an unshaken basis, he introduced law and order into it, and by his own enormous industry and self-denial rendered it workable and practically available for the treatment of a wide range of disease; and thirdly, that homœopathy, besides being largely represented by avowed believers in it, has accomplished a great revolution in general medicine, both in its theory and practice, and its mission is not yet completed. It has its own further development to work out, and it has further victories to achieve in the profession at large which, although nominally opposed to us, is really half won over, and is only seeking some reasonable theory of the action of the small dose to enable it to give us its full assent. Our own efforts will be employed to define more accurately the province of homœopathy in the domain of medicine, and then it will resume the position as an integral part of the healing art, from which it ought never to have been dislodged.

And now, in full view of our arguments and our achievements both within and outside our school, and with the knowledge that a whole century of criticism has not been able to shake our confidence in the doctrine we profess, are we to look forward to another hundred

years of professional opposition? The idea is hardly thinkable! I would fain indulge the hope that before the century closes the two great currents of thought will not be forced to flow in separate channels, but will have a fair and free opportunity of mutual interaction without prejudice and without disadvantage. When that event does occur, as sooner or later it must, we have no fear for the issue. We are confident of our position, and are prepared to abide by the decision that time and experience will pronounce; and we have no doubt that when the strife of controversy is over, and our principles and practice have been fully tested, amongst the honoured names of those who have advanced the art of medicine, it will be admitted on all sides there has been none more worthy of honour than that of Samuel Hahnemann.

TUBERCULOSIS OF THE ABDOMEN IN CHILDREN.*

By John Roberson Day, M.D., Lond.,

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The subject of this paper was suggested by several cases which have recently come under my care both in hospital and private practice. These cases presented the greatest variety in appearances, general course and duration; in fact, were it not for our present knowledge of pathology, it would be difficult to see what connection there could be between such a heterogeneous assortment of diseases; take, for instance, ascites and tabes mesenterica; but we know there is a common bond of union, and the *fons et origo mali* is in all cases the same.

This morning we had the advantage of hearing a good deal about micro-organisms and the part they play in relation to disease. It is impossible to over-estimate the importance of this subject and the light it throws on disease. There is very good reason to believe that all tubercular lesions are characterised at one time or another by the presence of a constant micro-organism—the bacillus tuberculosis. This has been found in the

* Read before the British Homœopathic Congress, Bristol, September, 16th, 1897.

sputum of phthisical patients, in the lymphatic glands of strumous subjects, in cases of caries of bone and white swelling of joints, and, as I can show you in a specimen of the bacillus under the microscope taken from the suppurating retro-peritoneal glands of Violet G., whose case I shall have more to say about presently.

Here, then, the unity of this apparently many-sided disease is evident.

My remarks will be limited to the *abdominal* lesions of tuberculosis. These frequently co-exist with the same pathological processes elsewhere, although this is not necessarily the case. These abdominal lesions are very characteristic and important.

There are certain varieties which I have tabulated in the syllabus, but all these forms are liable to merge the one into the other, or the same patient may at one time be affected with one variety and subsequently develope another.

The commonest met with is the *intestinal*. One constant symptom is chronic diarrhœa, and this soon leads to marked wasting. In the children of the poor this is an extremely common disease, and the causes are not far to seek. Born of enfeebled and debilitated parents, who, through poverty and ignorance are unable to provide a suitable diet for their children, gastric troubles are early induced in them. A catarrh of the gastro-intestinal mucous membrane is thus set up, and in time ulceration follows. Let me illustrate these remarks from Case 1. Wm. C., aged 5½, was born of unhealthy parents; the father is a diabetic, the mother was operated on in the gynæcological department of the hospital for what proved to be a form of malignant disease. The fact that his father had diabetes is responsible for a good many of this boy's troubles. The inordinate appetite of the father led to constant eating; food was always about, and this little fellow was always eating improper food, a practice which sooner than anything else leads to gastro-intestinal catarrh and its invariable symptom—diarrhœa—from which he suffered two or three years. Very soon ulceration of the intestine follows, and the nearest lymphatic glands become irritated, and the case merges into one of the next variety, the *mesenteric disease*, or tabes mesenterica as it is usually called. This

stage is characterised by considerable enlargement of the abdomen, and in some cases it is possible to make out by deep palpation the masses of enlarged lymphatic glands. Wm C., whose photograph I have here, exhibits this condition in a marked degree. There is another constant symptom. Accompanying the diarrhœa is a very fœtid odour, which is almost characteristic of the disease. It is very penetrating, and causes the child even to smell, no matter how clean he may be kept.

I have spoken of the emaciation of these cases, which sets in early, and is often very marked, accompanied with prominent veins marbling the surface of the face, chest and abdomen.

The skin also is dry and harsh, rarely perspires unless there is co-existing rachitis, when there may be profuse perspirations about the head and neck.

Such are the general characteristics of tabes mesenterica.

The third variety, the *peritoneal*, differs considerably from the two former. In this instance, the brunt of the disease falls on the peritoneum, and there are two varieties, (*a*) where ascitic fluid is poured out often rapidly and in large quantity; and (*b*) where tubercular deposits take place which may produce a localised tumour or lead to a general matting and binding together of the intestines and abdominal organs. This is a form of great interest, not only for the difficulties which at times beset the diagnosis, but also on account of the mysterious way in which recovery has been known to follow a simple exploratory abdominal incision.

I propose now to read you extracts from the notes of five cases which have formed the chief basis of this paper.

Intestinal and Mesenteric forms.

Case I.

Tabes Mesenterica.

Wm. C., age 5½.

Past personal history: Father has diabetes. Mother malignant disease of the peritoneum. Eight other healthy children.

History of present illness: Never been very strong, and his father, a diabetic, always hungry, constantly fed

him on improper food; this, his mother thinks, was the first cause of the disease. The bowels have been loose and offensive for two or three years.

Present condition on admission, February 29th, 1896: Has a large pendulous belly (see photograph); much flatulent distension; no masses are to be felt; no free fluid in the abdomen; has pain at the umbilicus when the bowels act; heart and lungs normal. Ars. iod. 3x gr ji. ter. This was changed to ars. iod. 3 on March 16, and on March 29 ars. iod. 3x was resumed. The notes state a steady improvement. The motions became less frequent and lost their offensive odour, and the abdomen became less tense.

April 2. Sea water sponging was ordered, and on April 27 sulph. 30. mii. ter given. May 6. Left the hospital.

In addition to this treatment, while in the hospital I had the bowels irrigated with a weak solution of boroglyceride, and I am sure this was attended with great benefit; it washed away the fœtid motions, and thus lessened the danger of auto-infection, which is a real danger in many diseases where the bowels are not acting normally.

Case II.

Tabes Mesenterica.

Family history: Mother, a Canadian, delicate constitution. Father, a Belgian, a strong powerful man; one other boy strong. Pauline de G. R., age seven, was a fine baby at birth and was nursed at the breast till four to five months, after which she was bottle fed. At 10 months she had influenza and was constantly sick. With teething diarrhœa began, and at 12 months had constant offensive diarrhœa six times a day, no appetite, and gradually got worse, with great belly, and could count her bones. She continued under allopathic treatment till two years old, when she was taken to Brussels and saw a homœopathic physician there (Dr. Gailliard). He, on their return, referred the parents to Dr. Hughes, who kindly sent the patient to me. When I first saw her she was pale, thin, and very delicate-looking, with very scanty thin hair; the skin was dry and had an earthy tint. The veins marbled the forehead. She had a very large abdomen, was very listless, with poor

appetite and constant offensive diarrhœa. The tongue was always mapped and very pale. I at once most carefully dieted her, but it was difficult to get her to take milk. Raw meat juice and Valentine's juice were given in gradually increasing doses. The principal medicines were iodine 3., ars. iod. 3. and 3x., calc. iod. 3x., sulph. iod. 3., chin. ars. 3x. She is now an absolutely different being. Her hair has grown thick, colour has come to her cheeks, the tongue is no longer mapped, there is no longer any diarrhœa and the abdomen is now normal in size. She is lively and skips about and walks well. At one time in her illness I used massage and inunctions of cod-liver oil, with the greatest benefit; at that time she suffered from great flabbiness of the muscles and relaxation of the ligaments. This was causing flat foot and its consequence—knock knee. By carefully regulated tip-toe exercises this condition was cured and the result of treatment in her case most satisfactory.

I should say the treatment extended over a period of some years, but in so serious a disease considerable time, care, and attention are necessary to effect a complete cure, and this is the reason why the children of the poor who suffer from this disease very often go from bad to worse, because it is impossible to give them the long-continued care and good feeding which are necessary to bring about a cure.

Case III.—*Peritoneal Forms.*

Ascites.

Rosa S., age 15 months.

Admitted to the Hospital December 31st, 1896.

Family history: Father age 24. Mother age 24. Both healthy. The mother had chorea three times before marriage, and a maternal aunt died of phthisis. This patient is an only child, has been bottle-fed since birth with cow's milk and barley water. Has *five* teeth.

History of the present illness: Since three months has been getting big in the abdomen. Screams at night and draws the legs up.

Present condition (December 31st, 1896): There is great distension of the abdomen, the circumference at the umbilicus measures 21 inches. The abdomen is dull on percussion, and the skin tense and shiny and gives a

marked thrill. The umbilicus is everted and projecting, tense and shiny. The bowels act regularly two to three times a day. Owing to the screaming of the child a complete examination was not possible. Apis 3x ter.

January 4th, 1897. Patient seen again and admitted to Barton Ward. The rest and treatment (apis 3x) quickly reduced the fluid, and the child was discharged to attend as an out-patient.

January 28th. The inguinal glands were observed enlarged and calc. iod. 3. given ter die, also bovinine.

On February 4th, there was great improvement, but the proximal phalanx of the right little finger became enlarged, with strumous dactylitis. Ars. iod. 3. g.ij. ter. in die and ol. morrh.

On February 11th calc. c. 6 was given.

March 11th: A purulent nasal discharge appeared with ulceration of the upper lip. Merc. sol. 3x ter. in die. The general condition much improved and ars. i. 3 was again given and is still being taken.

This, gentlemen, is a case in illustration of the ascitic form cured by treatment.

Case IV.

This case is of exceptional interest. The patient first came with the ascitic form, which was cured. Then she developed tubercular adenitis, and the inguinal glands on both sides suppurated. Finally she came with white swelling of a knee and elbow.

Tubercular Peritonitis.

Lucy L., aged 12, admitted to London Homœopathic Hospital September 20, 1895.

Family history: Good.

Past personal history: Eighteen months ago in London Homœopathic Hospital with same complaint. At that time there was ascites, but no hard masses in abdomen. Ars. iod. 3. and 3x rapidly cured her.

History of present illness: Ailing for last six months; getting thinner, paler; loss of appetite; bowels costive.

On admission: Weight, 6 st. 11 lbs. Temp. 101.4° in evening; fairly well nourished; sallow complexion; abdomen generally slightly distended; on palpation a doughy feeling; in left iliac fossa is a well defined hard fixed mass, size of hen's egg, tender to touch, slightly

resonant on percussion; in right iliac fossa is a fulness but no distinct swelling. Calc. c. 3.

Sept. 25. Since admission the mass above mentioned has become smaller. Occasionally a griping pain in the abdomen, not worse at any particular time. Patient lies on the back, as a rule, with the legs drawn up. Temp. rises to 101.8° at night, profuse perspirations every morning. Tongue cleaner. Bowels only open with enemata.

Oct. 3. Temp. has risen to 102° for the last five nights; night sweats. There is an obscure fluctuating feeling over the mass in the left iliac fossa. Within the last three days a distinct swelling has appeared in the right iliac region, and there has been pain in that region.

Oct. 5. Two or three enlarged glands in the posterior triangle of the neck slightly tender, but no acute inflammation.

Oct. 14. Temp. at night 100—101°; normal or subnormal in the morning.

On Oct. 29 she was discharged.

The treatment had been calc. carb. 3. for a short time, but principally and nearly the whole time iod. ars. 3x.

Subsequently these glandular masses in the groins suppurated and discharged, and have left deep scars. Then she came under treatment for tubercular swelling of one knee and an elbow. The tubercular disease having left the abdomen manifested itself elsewhere. She continued as an out-patient for a long time and is now quite well.

The treatment was principally with the iodide of arsenic.

Case V.

And this is the last one with which I will tax your patience, illustrating the last variety of the disease, the peritoneal form with tubercular deposit.

Violet G., age 18.

Family history: Admitted March 18th, 1897. Father living, well; mother living, well; two brothers and two sisters living. No history of consumption in the family. Patient has had whooping cough, measles, and scarlet fever last August; usually enjoys good health, but has never been very strong. For the last three months has suffered from gradually increasing weakness and pain all over the abdomen, attributed to

indigestion. Appetite has been very bad. She has been thirsty, and for past six weeks has had diarrhœa, two stools a day, loose, dark, and offensive. Before this she was constipated. Has been losing flesh considerably for the last two months. No cough, no night sweats, no shivering fits. During the illness has passed water more frequently than before, often three times in the night. Menses have not appeared. For the last week a swelling has been noticed in the lower part of the right side of the abdomen; it is not painful or tender.

Present condition.—Patient is a delicate-looking girl, with a hectic flush, and poorly nourished.

Tongue.—Moist, thin coat of white fur. Appetite bad.

Bowels.—Moderate diarrhœa.

T. 99° on admission. P. 120; regular, soft, small.

Chest.—Nothing abnormal.

Back.—Nothing abnormal.

Abdomen.—Rather distended. The right side a little more prominent than the left.

On palpation the abdominal walls are found to be much more rigid on the right side than the left. There is the feeling of a deep-seated resistance all over the right half of the abdomen, but in the iliac region the resistance is more marked and quite superficial. Fluctuation not obtained, slightly tender.

In the outer part of the right iliac fossa, there is an elliptical area of dulness (about 4 in. by 3 in.) which corresponds with the area of superficial resistance.

Urine. Clear; sp. gr. 1015. Alkaline, slightly ammoniacal. Opaque white deposit of amorphous phosphates and triple-phosphates. No albumen or pus.

March 25.—Temp. last night 102.4°, this morning 101.2°. The area of dulness seems to be rather more extensive, especially at the upper part. Gets occasional sharp shooting pains in the region of the swelling. Was sick once last night. Bowels opened once on 22nd, twice on 23rd; stools partly formed; no other action of bowels since admission. Taking bell. 3, hep. s. 6. alt. 2 hours.

March 29. Was examined under an anæsthetic and the above observation as to the swelling confirmed.

March 30. Bry. 1x, calc. c. 3x, alt. 2 hours.

April 1. Abdomen in general is rather more distended; limits of the swelling are not quite so defined and dulness is less complete; very little pain.

April 2. Bell. 1x, nux. v. 3x, alt. 2 hours.

April 5. Temp. 103.4° last night, abdomen much distended, less dulness over the mass in right iliac fossa, but there is more tenderness; stools are looser, about one a day.

April 6. Hep. s. 3x 3 hours; acon. 1x nocte.

April 10. A consultation was held, and it was thought to be a case of appendicitis and operation recommended.

April 11. At 11.15 a.m. Mr. Shaw operated. As soon as the peritoneal cavity was opened one bead of pus was seen, but the opening made was filled by a mass of friable material, looking like lowly organised lymph. This was adherent to the peritoneum. No bowel was exposed to view and no pus cavity found, only a general matting together of the parts. Further operation was abandoned, and sutures and dressings applied.

April 13. Ars. iod. 3x given ter.

Much vomiting followed the operation and the patient gradually sank and died on April 15.

Post Mortem. Only an extension of the abdominal wound was permitted. The abdominal cavity was seen to have all the organs matted together. Especially was this the case in the region of the swelling, where a large amount of new tubercular material had formed. The mesenteric glands and retroperitoneal glands had enlarged and suppurated. A specimen of the pus tested for the tuberculous bacillus readily yielded abundance of bacilli. The spleen was found to be full of tubercles, and the whole of the abdominal cavity infiltrated with tubercles. I am indebted to Dr. Galley Blackley for the notes of this case, the patient having been admitted from my out-patients under his care.

The foregoing cases I have selected as illustrating the principal types of this disease. I think we are justified in concluding that in all cases *it is a very serious disease.* The tendency, if neglected or untreated, is to go from bad to worse. There is no doubt that it is one of the chief causes of death amongst the children of the poor, although the term they use, "consumptive bowels," probably includes other fatal forms of diarrhœa.

In the next place the *course of the disease is variable, but generally chronic.* In the cases I have quoted, one only (Case V.) could be called acute; the rest were essentially chronic.

The prognosis varies. If treatment is commenced *early, most cases are curable;* but immense patience, care, and good wholesome food and general hygienic surroundings are essentials; without these relapses occur again and again.

Case II. is an instance of the success which follows long-continued, careful treatment, together with all the accessories of suitable diet and careful nursing, which go to complete the treatment. The medicinal treatment is most important, and here is a disease for which homœopathy can do much, whereas allopathy can do little or nothing. The Case II. had been under allopathic treatment for one year, during which time the patient steadily got worse, and was most evidently saved by means of homœopathy.

In the narration of the cases I have mentioned the medicines used in each case, and I can only generalise now.

Iodide of arsenic 3. and 3x may be called the sheet anchor of this disease, and of tubercular lesions generally; then iodine 3, or combined with lime or sulph., as calc. iod. 3 or sulph. iod. 3x; apis 3x helps absorption of ascites; hepar s. 3. for the caseating glands; sulph. 3. or 30. as an intercurrent remedy. Calc. carb. 6. must not be forgotten, also calc. phosph. 3x. The special indications for the administration of these I need not remind you of.

It is not sufficient simply to give these medicines, or rather I should say you will make far greater headway by a general survey of the peculiarities of your case, and treat accordingly. I am sure intestinal irrigation is of great use, where the diarrhœa is frequent and offensive. It is best given by means of a hydrostatic douche.

The question of diet is all important, and milk, boiled or peptonised, or humanised, stands first in importance. Raw meat sandwiches, or one of the many meat juices may be given, but see that the diarrhœa is not increased by so doing.

Cod liver oil is highly beneficial, or some preparation

which contains it. Inunctions of warm olive oil, or cocoa butter, are of great value in improving nutrition.

Massage must never be forgotten, and this may be preceded by the sea-bath, of the value of which I have the highest opinion.

Hitherto I have said little of the surgical treatment of cases of tuberculous peritonitis, except as it was employed in the treatment of Case V. It is a well known fact that recovery has followed a simple exploratory abdominal incision, and the explanation I leave to the surgeons.

The remarks I have made and the conclusions I have drawn are based on my own observations, and I shall be interested to hear how far they coincide with those of my colleagues.

Discussion.

Dr. Storrar (Southport), speaking as medical officer of a large children's Sanatorium, said that scarcely a year passed without at least twenty such cases. They had some children in the Sanatorium so affected now. In these the chief remedies relied upon were the fresh air of Southport, very careful feeding, chiefly on milk, and next the hydropathic compress, which had not been mentioned at all by Dr. Day. He attached very great importance indeed to this method of treatment. These things they had done every day—have the bowels thoroughly fomented with hot water; and all night, or all day if the patient were in bed, a wet compress, covered with oiled silk, was worn constantly. The remedies he had the most confidence in were calcarea carb. and calc. phos. If there should be any diarrhœa, phosphoric acid nearly always answered the purpose of checking it perfectly well.

Dr. Murray Moore said there was one question he would like to ask with regard to the prevention of this disease—there was not one of them who had not seen a great deal of it in its three forms enumerated by Dr. Day—viz., whether, if they could ensure the use of sterilised milk, or of milk from what was called a non-tuberculous dairy (of which they had one in Liverpool, which seemed to be patronised by the doctors and their families) this disease could not be in a large measure prevented. Also, he would ask Dr. Day, whether he had seen any cases with that peculiar fœtid diarrhœa enumerated under the symptoms of psorinum, whether he had ever used psorinum 80 in that peculiar form of diarrhœa usually associated with tuberculosis of the peritoneum. It seemed to him that they were pretty well confined to three or

four medicines, all of which had an extremely definite and searching effect on these disorders—the three calcareas, carb., phos., and iod., the iodide of arsenicum, and lycopodium, in the 30th trituration. That in his hands had initiated the cure which calcarea had followed up. He would like to have Dr. Day's experiences of that particular medicine. He felt that they had listened to a most lucid and luminous paper, and he congratulated the London Homœopathic Hospital on having such an expert and able physician in the children's department. (Applause.)

Dr. Midgley Cash (Torquay), said he had recently a rather interesting case of a girl of 15, a butcher's daughter—such families were not generally affected by tubercle—in whom tuberculous disease developed in the tarsus, afterwards attacking the chest, and finally, when that became quiescent, the abdomen. He was glad to say that she passed through all that safely, and was now healthy and strong. That case illustrated the kind of treatment which Dr. Storrar seemed to think so useful. He used the abdominal compress, and had found it of great value, in conjunction mainly with iodine 3rd decimal, and calcarea at times, these had proved of the greatest value. In the matter of feeding, he had found bovinine very useful, given in milk. Extreme cases of marasmus, tubercular or otherwise, did very well on it. He had also found beneficial results from the rubbing in of cod liver oil on the abdomen in tubercular disease, and of terebene oil where the chest was affected. In cases where the patient could not take cod liver oil, Angier's Emulsion had proved a good substitute.

Dr. Nicholson said they had heard a most useful paper, and his experience entirely endorsed its conclusions. Of preparations of calcarea he used for a long time the third decimal, but in more recent years he had prescribed the sixth decimal. This he had found much more effective in children's diseases, a fact which surprised him very much. One question, he would particularly like to ask Dr. Day with reference to the preparations of calcarea, was whether he had used the crude material, phos. of lime, such as the syrup of lime, in much older cases. In those cases he had found the syrup of lime act better than the potentised preparations. Calc. phos. he invariably used in low triturations.

Dr. Hughes (Brighton) remarked that he had, in common with all present, listened with the deepest interest to Dr. Day's paper, which was of a thoroughly practical and scientific character. It was just the kind of paper one looked for from physicians of hospitals—although one did not always get them. He hoped that the new scheme of hospital federation would

bring them a crop of such papers. (Hear, hear). He had listened with special interest to case number two, because, as Dr. Day had told them, for a time he had the child in question under his care. He should like to emphasise the benefit she derived from iodine, before she came to him, under Dr. Day's excellent treatment. The child came to him (Dr. Hughes) in a very emaciated state, with no appetite, and he gave her nothing but iodine, keeping on steadily with it for three or four months while she was in Brighton, and during this time she steadily improved. She was a poor thing when she was sent to Dr. Day, but was a much poorer thing when she first came to him (Dr. Hughes). Loss of weight stopped and after a time she began to gain a little. The size of the abdomen, by measurement, decidedly diminished, and the appetite returned. She had about one-third of an appetite when she left him, and she had none when she came. He was glad to find that iodine played a part in nearly all the remedies Dr. Day gave her afterwards—iodide of arsenic, iodide of lime, iodide of sulphur. He thought that when they studied the symptoms of chronic iodism, they would see that hardly any drug resembled so exactly the condition of tabes mesenterica as that did, and when combined with arsenic and lime they would find it their most suitable remedy in the treatment of these diseases.

Dr. Ord referred to his notes on three cases of special interest, bearing out what the reader of the paper had said. The first was that of a young lady of 19—a very dark girl, with long eye-lashes, and of typically tuberculous appearance. She enjoyed good health, and there were no symptoms of tubercle, until she contracted a chill during her period—a year since last August. After this she had much pain at the several periods, and flooding. Then the periods ceased, and the bowels began to swell, this being especially noticeable after tea in the afternoon. She lost flesh, but had no night sweats. The bowels having now become very considerably swollen, she came under allopathic treatment, when a tumour was diagnosed, and she was sent to the hospital for an operation. In hospital the abdomen was opened for the removal of the supposed tumour. The operation took place on March 20th of this year. Of course they found "tubercular peritonitis." The wound was sewn up again, and they sent her home as incurable, presumably to die, with this diagnosis of tubercular peritonitis. She came into his hands on April 17th, or about a month after the operation. The wound had quite healed, but she was exceedingly emaciated, had a hectic look, and her evening temperature was 100. There was no diarrhœa. The abdomen was swollen by a large, hard, ill-defined mass below

the navel, and mostly towards the right side. As mentioned, there was no diarrhœa, but constant abdominal pain, and flatulency after solid food. He ordered peptonised milk, petroleum emulsion with hypophosphites, which he had found very useful in cases of this kind, and iodide of arsenic. In a fortnight the patient had greatly improved in strength, but the abdominal symptoms remained the same. He then ordered calcarea carbonica and pulsatilla. The flatulence and abdominal swelling became slightly reduced during the month these remedies were given, and the patient gained one pound per week in weight. Altogether, there was a general improvement. On May 31st there had been no return of the period and iodine 8x was ordered. On July 20th of the present year she came to see him, two months after the previous prescription, saying that she had been quite well since the last medicine, except for a slight bilious attack recently. The period had returned. There was no flatulence or abdominal swelling, and the hardness had almost disappeared, although there was still some amount of resistance. She had gained in flesh and could eat anything, considered herself quite well, and was about to return to business. The second case was that of a boy of ten, who came to the dispensary for an abdominal pain and swelling. In spite of treatment he steadily grew worse, and in a month's time his condition was as follows:—In bed, with constant high temperature, averaging 102 degrees, sweats, diarrhœa and some abdominal pain; the abdomen enormously distended, like a barrel—he had never seen it so swollen in a boy; tympanitic, and evidently some ascitic fluid was present. The patient was much emaciated, and lay with his legs drawn up, moaning; could not bear to be touched or spoken to. He remained in this condition for nearly two months, and it was a marvel that he should have survived. Other symptoms that developed were delirium and stupor, bladder irritability, and excessive tenderness of the abdomen. The remedies tried at first, and which proved useless, were mercurius corrosivus, iodum, bryonia, and baptisia. When at the worst, arsenicum was commenced, and finding that this checked the diarrhœa and fever, calc. carb. 6x was given intercurrently. From this time the boy slowly and steadily improved, and after taking these remedies for about two months he was running about and apparently quite well. The abdomen had gone down, though not quite to a natural size, being still rather swollen, but the lad was apparently all right, no swollen glands to be felt. He could eat anything except fruit; the bowels had been upset once or twice by indulgence in fruit, and he was not as strong as formerly. He was at his worst for quite three

weeks—refused all nourishment, and took only water, with a very little milk. In these two apparently hopeless cases he thought the use of arsenicum and calcarea carbonica had produced marked results. He found terebine 8x relieved the bladder pain and the abdominal tenderness. (Applause).

Dr. Moir (Manchester) joined with preceding speakers in thanking Dr. Day for his paper. His experience fully endorsed the value of the medicine that had been referred to as useful in abdominal tuberculosis—the iodides of arsenic of lime and sulphur. In considering the effects of this morbid state, they should remember that cases of it, even when apparently cured, often, if not always, seemed to show that some degree of weakness had been left behind showing still a want of proper nutrition.

Dr. Blackley (Southport) referring to cases of tubercular marasmus in children where cod liver oil could not be taken, spoke of the help he had derived from using some form of alcoholic stimulation.

Dr. Nankivell said they had heard the iodide of arsenic and the other iodides testified to as being extremely useful. There was another preparation of arsenic which had not been mentioned, and that was the arsenite of lime, which he had found very valuable indeed in the third decimal trituration. He had found the iodide very useful when given either as an addition to cod-liver oil, in the oil, rendering it remarkably digestible, and easily taken, or else given in the pure material. In both these forms iodine might be given, in milk, in the second decimal, and in small doses in the first decimal, and the effects of the milk, oil and iodine all seemed to be very much increased by this method of prescription.

Dr. Roche laid stress on the importance of the point alluded to by Dr. Moir—care in watching for a relapse. They must not too hastily assume that patients were cured, when they might have gone into other hands. He had in mind several cases which had been attended by remarkable temporary improvement, but this had been followed by very disappointing relapses later on. He would only mention one other medicine which had not been already touched upon, but which emphasised the value of iodine, and had also met the bowel symptoms where the diarrhœa was troublesome, viz.: bin-iodide of mercury. (Hear, hear).

Dr. Stopford spoke of the only too common prevalence of the characteristics of tubercular disease of the abdomen, and the difficulty of dealing with the disease. He thanked Dr. Day for his paper, and went on to urge the importance of the question of how this disease might be prevented. (Hear, hear). They ought to instil into the public mind in

the first place that unhealthy marriages were a main factor in creating the disease. Secondly, they must urge the recognition of the well-ascertained fact that bad feeding and unhealthy surroundings contributed to the prevalence of the evil. If they could succeed in effectually impressing these well-proved facts upon the public, they would be doing a great deal towards sweeping away tubercular diseases in children. There was another point, in respect to which he felt sure that Dr. Day would agree with him, and that was that tuberculous milk was one of the supreme factors in aiding and abetting the disposition to the disease derived from hereditary sources. (Hear, hear). The unfortunate part of it was this, that in so many dairies throughout the country tuberculous stock was being used for the production of milk, and such milk, given to a child with chronic catarrh, would produce the tubercular condition. He thought it behoved them all to do their best to see that the milk supplied to their patients was derived from a healthy source.

Dr. Burwood remarked that where children could not take cod-liver oil, they could eat sardines on toast. It would do them just as much good. (Laughter and hear, hear).

Dr. Roberson Day, replying on the discussion, said he had been exceedingly gratified to find that nearly all the speakers had corroborated the views he had put forth in his paper, and that there had been some very valuable additions suggested to the method of treatment he had set forth. It would be impossible to reply individually to so many speakers, but he would deal with one or two of the more prominent points. First, that alluded to by Dr. Stopford and one or two earlier speakers—the sterilisation of milk. They could not too thoroughly insist upon the importance of that point. It was being taken up by commercial companies in large cities, and the managing authorities of large dairies were appointing special medical officers to see that the sources of the milk supply were pure, but in smaller towns and in the country it was impossible that the same assurance could be obtained. But medical men should make a point of urging the importance of the matter upon those connected with the supplying of milk, with whom they came in contact, and should recommend their patients to get their milk, where possible, from those dairies where such investigation and testing was carried out. In some countries the supplying of non-tuberculous milk was made compulsory by law. That was not the case here, though the large dairies, such as the Aylesbury and the Express, were safeguarded by the herds being regularly subjected to these tests, and all tuberculous cows were put out. There was not the slightest doubt that children who

were the offspring of a tainted stock must readily have their digestive systems upset, and this disease of tabes mesenterica was thereby invited. On the other hand, by careful supervision of diet they could undoubtedly prevent, or at any rate stave off, the serious consequences of heredity. (Applause). He must thank the various speakers for the suggestions offered with reference to the administration of cod-liver oil, and iodine in the oil, and particularly the toothsome suggestion of Dr. Burwood as to sardines on toast, which none of them would be likely to forget. (Laughter).

A CLINICAL LECTURE ON SOME CASES OF TUMOUR OF THE BREAST.*

By Dudley Wright, M.R.C.S., Eng., &c.,

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Gentlemen,—Before we examine and go into the histories of the cases I have brought to-day for your inspection, I should like to make a few general remarks concerning breast diseases and their recognition, and I may preface my lecture by the assertion that probably any form of disease which is liable to attack glandular structures in general may be met with in the mammary gland. It is liable to present congenital defects and anomalies; it may present simple hypertrophy; inflammation of various types may affect it, and it may be the seat of various forms of tumour. Moreover, the nipple and skin surrounding it are likewise subject to various affections which may be of serious import to the patient. The close connection which exists in women between the breast and the generative organs must also be borne in mind. During reproductive life the organ is constantly undergoing changes, and during this period the chances of disease laying hold on the structure are many-fold increased. With each pregnancy a true hypertrophy takes place, and during lactation its power of secretion is often taxed to the utmost limit, and it is during this period that acute inflammation and other troubles are most liable to attack it. After the

* Delivered in connection with the Post Graduate course at the Hospital.

menopause, a process of atrophy occurs which goes on gradually with advancing years.

The action of sucking by the infant in assisting involution of the uterus after parturition is well known to you all, and is another illustration of the inter-dependence of the breasts and generative organs.

A few words regarding the development of the gland. It originates from the rete mucosa of the epidermis, at the site of the future nipple, as tubular down-growths which become branched, each one of these branches corresponding to a lobe of the future gland. This process goes on until birth, but the development of the glandular alveoli from them does not occur until the approach of puberty in the female, and in the male it does not occur at all.

This origin from the epidermis is suggestive. Breast cancer is held to have its origin in the glandular or duct epithelium. Now we know that the cancer of arsenic poisoning in nearly every case commences in the epidermis or its immediate prolongations into the various skin glands. It is therefore no great stretch of the imagination to conceive that it would be one of the most valuable drugs in the treatment of breast cancer, and more particularly that form which commences in the so-called "Paget's disease of the nipple."

Now, as regards the methods of examining patients afflicted with breast diseases, first of all it is essential to get a history of the patient's previous conditions and of past illnesses. More particularly make enquiries concerning whether she has borne any children, and, if so, whether the breasts gave any trouble during lactation. There may be a history of some blow or other injury of the breast. In cases of suspected cancer it is as well to find out whether a family history of malignant disease exists. A history of chronic constipation is of great importance in this connection. Some time ago my colleague, Dr. Burford, took some pains to obtain the general opinion of a number of practitioners on the subject of the antecedents of malignant disease. The evidence he was able to bring forward on this subject was of considerable importance, and there was a general consensus of opinion that by far the commonest antecedent was a history of chronic costiveness.

Next as regards the physical examination of your patient. Never be content with merely making this through a partially opened dress. Make the patient strip to the waist and examine *both* breasts, both whilst the patient is in the erect and reclining posture, especially in the latter. Do not merely pinch the breast up between the fingers, since many a normal breast will, under such circumstances, appear to contain a tumour, but lay the palm of the hand flat on the organ, and immediately any swelling will be detected. Mere inspection will often reveal a great deal, especially if the breasts be compared. Any unusual folds in the skin or obvious retraction of the nipple will give a suspicion of cancer. The axillary and supra-clavicular glands should also be examined.

In cases where a tumour is present, it is of the utmost importance to find out whether this is adherent to the skin or underlying structures. The former point can be ascertained by pinching up a small fold of the skin over it, when, if it be only slightly adherent, some puckering or dimpling will be seen, and on moving the tumour, and at the same time keeping hold of the folds of the skin, the latter will be felt to be dragged upon. Such dimpling is almost pathognomonic of malignant disease, and is due to the fact that in the normal state bands of connective tissue pass from the breast to the skin (suspensory ligaments of Astley Cooper), and in cancerous invasion of the organ the cancer elements spread along these tracks towards the skin and consequently cause a stronger bond of union between the two by the infiltration thus produced. If the cancer has existed for some time, the fibrous tissue attains a greater development, and the puckering of the skin may exist as a marked feature.

Retraction of the nipple is not always present in the earlier stages. It is due to the milk-ducts becoming involved in the growth, and if the growth exist at the periphery of the breast it is some time before this sign occurs.

Remember also, that a breast invaded with cancer is not always larger than the healthy one on the opposite side, It may even be smaller when it is extensively diseased, owing to the great contraction which takes place in scirrhus; under such circumstances it is also less pendulous than its fellow.

The best method of ascertaining whether the breast is adherent to the parts beneath, is to make the patient put the arm at a right angle to the body. This renders the pectoral muscle tense, and it will now be seen that if this adhesion has taken place, whilst the breast can be moved freely in a direction transverse to the muscular fasciculi, it cannot be done so in the longitudinal direction. This is a most important diagnostic point, and should always be looked for; but recollect that this will not be found if the arm be allowed to hang by the side and the pectoral muscle be not put on the stretch.

A discharge from the nipple may be present. A clear or milky oozing is not usually a feature of cancer, but a discharge of blood is highly suggestive of duct cancer.

Inflammatory swelling and œdema of the skin over the breast rarely occurs in cases of malignant disease. It is usually present in acute inflammation, and may be present in chronic mastitis and chronic abscess. I have, however, seen it present in two cases of undoubted cancer. In one, besides the inflammation, the œdema was most extensive, involving the whole of the arm and chest of the affected side, both back and front, and had in places the appearance of elephantiasis. Such cases as this are, of course, not amenable to operative treatment, and run a rapid course whatever be the treatment adopted.

Pain may be a marked feature under various circumstances. In acute inflammation it is of course present. In chronic lobular inflammation, a condition so commonly met with in out-patient practice, it is usually constant, and shoots down the arm, and shows exacerbations during the catamenia. In cancer it is not necessarily an early symptom, and when it occurs may come on in paroxysms, and is markedly increased after the breast has been much handled in examination.

It is always as well to ascertain whether the patient has lost weight. Of course in advanced cases of malignant disease extreme wasting and cachexia may be present, and in such the other signs present will be of themselves sufficient to establish a diagnosis. In some patients, however, a simple tumour may, by the worry and the anxiety produced by the dread of cancer, seriously affect the general health, and an error might occur through this.

The first case I will show you to-day is that of a young woman who has a tumour of the right breast, which was first noticed some three years ago, and was then about the size of a half-walnut. It is now the size of a tangerine orange, and occupies the inner and upper periphery of the right breast. The skin over it is not adherent, and it is freely movable over the deeper tissues. Its edge is distinct and no fluctuations can be felt in it. There are no enlarged axillary glands. The patient says that the tumour has grown rapidly of late and occasionally throbs at times, but otherwise causes her no inconvenience. At the same time, she is very anxious about it, and dreads cancer. There is no history of a blow.

The aspects of this tumour point to its being a fibro-adenoma. I intend removing it, because I have given a trial with medicines for two months without any good resulting; the patient is worried by its presence, and, moreover, certain forms of fibro-adenomata tend in time to develop a cystic structure and intracystic growths which may finally present elements of sarcoma.

(*Note:* The patient was eventually operated upon, the encapsuled mass removed through a small incision made over it, and the tumour proved to be a fibro-adenoma. It had not undergone any cystic change. The patient did well.)

In removing these tumours they can be easily shelled out as a rule. It is obvious that if they exist at the extreme upper limit of the breast, the scar will be an unsightly object when a low dress is worn. In such a case it is best to make the incision below the breast and dissect up to the tumour from beneath, and thus remove it from behind, instead of in front.

The second case is rather an unusual one. The patient has been under my care for some months for this enormous swelling of the left breast, which has several times broken down and discharged freely and then healed up again under treatment. The resulting scars still remain, and you also see this deep ulcer with its sloughy base and somewhat undermined edges. This is indeed very much a picture of what the condition was when she first came to me, and which under iodide of potassium internally and "black wash" to the ulcer, rapidly

improved, though lately she has gone back owing to irregular attendance here.

The history of the case, together with its ready response to anti-syphilitic remedies, points to the tumour being of a gummatous nature. As you can easily see, the disease involves the greater part of the breast, and here and there portions appear to be broken down and only prevented from being extruded by a thin covering of deeply congested skin. This was in fact the way in which the present ulcer commenced.

The treatment must be continued, but it will be a long time ere we can expect to cause a complete resolution of this gummatous mass, and we must not be surprised if relapses occur during the healing process.

The third case presents fairly typically the aspects of a case of scirrhus cancer of the breast, which has broken down in one part so as to form a "cancerous ulcer." The patient is 51 years of age and noticed the lump in the left breast 12 months ago. Two months before this she had received a blow on this breast. Four months ago the swelling began to ulcerate. You will see the tumour is situated at the axillary border of the breast and very high up. It is of the size of a tangerine orange and the skin over it is involved and ulcerated. The ulcer itself is crateriform and has a foul smelling slough in its base. There are several enlarged glands in the axilla, and a pustule with a very red margin of skin around is situated just above the affected breast. It is well to compare the ulcer present in this case with that in the last patient. You will see that the syphilitic ulcer has thin undermined edges, and the skin around is deeply congested and also pigmented. The ulcer is deep, but scarcely crateriform, whereas the cancerous ulcer has this form, and, moreover, the edges of the ulcer are indurated and heaped up irregularly, altogether differing from the thin undermined ulcer of the previous case.

It will be necessary to thoroughly remove all the affected area in this case, together with the underlying muscle to which the growth is adherent, and also to remove the entire fatty and glandular contents of the axilla.

(*Note:* This operation was done the following week. The sternal portion of the pectoralis major was removed;

the glands were found adherent to the axillary vein, and needed very careful dissection to prevent its injury. There was subsequently some suppuration about the wound owing to some septic matter getting in from the ulcer, but the patient eventually did well, and was discharged with the entire wound, which was an extensive one, thoroughly healed.)

The last case I will show you is another one of malignant disease of a slower growing and less evil nature, in that in spite of the fact that the tumour has been present three years, no glands are to be felt enlarged. The patient is in her eightieth year, and four years ago struck the right breast against the bed and bruised it rather severely. Soon after this a lump formed, which has increased gradually to its present dimensions.

Colloid carcinoma of the breast in a patient aged 80 years.

One week ago the skin over the tumour broke and there was some bloody discharge. You will see that there is a large hard nodular swelling involving the whole of the right breast, the skin over the greater part being adherent and thin and shining, and of a dark bluish colour. Some of the nodules present fluctuation, and the skin over one is perforated, and from this a sanguinolent fluid escapes. The mass moves freely over the pectoral muscles, and there are no enlarged glands in the axilla.

Removal of the growth is indicated on account of its size and serious inconvenience to the patient. The risk of further ulceration and hæmorrhage is also great, and, though the patient is advanced in years, I think she seems tough enough to stand the shock of the operation, which will not be of a prolonged nature.

(*Note:* The operation was performed, the entire breast and tumour being rapidly removed, the axilla was not opened. The patient did well until the fifth day, when an attack of bronchitis unfortunately occurred. This rapidly increased in severity and the patient grew delirious and died 13 days after the operation.)

Now, with regard to the treatment of cancer of the breast. One may read reports in the various journals of a good many cases of cancer of various parts of the body cured by remedies.

In a large number of these cases I have satisfied myself that the patients were not suffering from cancer, and in some of the others I doubt whether it was really a cure, and that had the history of the case been followed up long enough it would be found that a relapse or some secondary growth had carried off the patients. I can recall at least three cases bearing on this subject, one of which occurred in my own practice. One patient had cancer of the tongue, which was diagnosed as such by several leading surgeons who advised immediate operation. In this case there were enlarged glands in the neck. The patient, not wishing to have an operation performed which might in the end prove unsuccessful, consulted a homœopathic physician, who gave various remedies, and applied, I believe, a trituration of lachesis to the diseased tongue. Within a period of a few weeks the growth had almost

disappeared and bid fair to be entirely eradicated. He was then seen by one of the surgeons who had formerly diagnosed his case as cancer, and who, on learning what treatment he had been under, said that it could not have been a case of cancer after all, but was probably a gumma which had undergone spontaneous cure. Shortly afterwards the patient had an attack of influenza, which appeared to have the effect of awakening the latent disease into activity, for the tongue rapidly grew worse, and the patient succumbed to what was undoubted cancer of the tongue.

The case that occurred in my own practice was of a very similar nature. There was an undoubted history of syphilis, but the ulcer on the tongue had all the aspects of cancer. In spite of this, however, I was doubtful as to the correct diagnosis. Under silicea the disease nearly disappeared, when, for some reason, the amelioration ceased, and the disease rapidly advanced and the patient finally died, his end being hastened by profuse hæmorrhage from the ulcer.

The third case I can recall has a particular interest for us to-day. It was a patient of Dr. Morrisson, of Clapham, who had what appeared to be cancer of the breast. The patient was seen by a good many of us at the hospital here on one occasion at a "clinical evening." Some time afterwards the patient was again seen, having in the meantime been on a course of arnica 1x. The disease had now entirely disappeared, no vestige of the breast tumour being present. We all looked upon it as an almost unique case. The sequel of the case is interesting. A few months ago Dr. Morrisson asked me to see the patient again in consultation with him. I found her practically dying of advanced cancer of the same breast, with symptoms pointing to secondary deposits in the lungs and probably also in the spine.

On the other hand, we have all read of, if not actually witnessed, cases in which cancer of the liver or other abdominal organs diagnosed by an exploratory luparotomy, disappearing apparently as an effect of the mere opening of the abdominal cavity, and a well known Irish surgeon has reported a case of sarcoma of the jaw, which recurred after operation, and was considered unsuitable for further operation, which disappeared under the treatment of comfrey root poultices advised

by a herbalist. The moral of all this is that we must not always despair of curing a cancer patient, and still more must we avoid considering our cases cured because the tumour has temporarily vanished; nor must we be too ready to ascribe such a result to the effects of our drugs administered.

That we can do much to relieve suffering in such cases with the means at our disposal I am quite convinced, but even on this point I fear that most of us would not care to picture our experience in any but somewhat sombre colours.

I would, to-day, however, deal more particularly with the surgical aspect of treatment in these cases, for I feel that treatment on such lines gives much brighter prospect of cure in the earlier stages of the disease. Of late years our method of operating has been so much altered, owing to our more perfect knowledge of the method of the course of the disease, that it is more than probable the future results of the new method of operating will show a very large percentage of complete cures.

Up to within a short time ago, surgeons were content to excise the breast only with a small portion of skin around the nipple, and only when the axillary glands were obviously enlarged, did they care to deal with them, and then only dissecting out those which could be felt in the mass of fat which occupies the axilla.

The new method of operating is based upon certain anatomical and pathological facts which show us that the mammary gland itself often sends minute processes from its under surface into the fascia covering the great pectoral muscle, often indeed piercing the fibres of this muscle. Moreover, we know now that the lymphatics travel not only to the axilla from the deeper parts of the breast, but also pass along this same plane of fascia, and by means of the ligaments of Cooper previously mentioned they pass to the skin. The cancer elements tend in all cases to go by these channels; indeed, microscopical investigation shows these passages choked with cancer cells, especially those lymphatics which run in the ligaments of Cooper to the skin and nipple, and those in the fascia over the great pectoral muscle which ultimately pass to the axillary glands.

Hence it is obvious that if we desire to thoroughly eradicate the disease it is necessary 1st to remove the nipple and a large area of skin around the growth itself, 2nd, to thoroughly extirpate the entire breast together with the fascia covering the great pectoral muscle, and 3rd to remove *en bloc* the fat of the axilla containing the entire lymphatic and glandular contents. In many cases, moreover, when the breast has been found to be adherent to the parts beneath the whole of the sterno-costal part of the pectoralis major should be removed, leaving only the clavicular portion. Particular care should be taken to clear away the fat from around the axillary vessels, as here a lymphatic network exists which passes from the axillary up to the supra-clavicular glands, and to do this it is often necessary to divide the remaining portion of the great pectoral and the small pectoral muscles close to their scapular and humeral attachments. Lastly it is necessary to remove the breast, muscle, fascia, and axillary contents, *as one mass*, and not piecemeal, for it is found that to divide tissues in which the cancer cells are travelling submits the patient to the grave risk of cancerous infection of the wound. This has happened more than once, unfortunately, in my own experience, and I would particularly caution you on this point.

Now this appears to be a very terrible operation, and yet it is surprising how little blood is lost after the first incision is made, and how little shock the patients experience from it. In the wards of this hospital, where my colleague Mr. Shaw and myself perform many of these operations, it is no uncommon thing to see the patients out of bed within the fortnight. It is true that a large part of the skin wound has to be left to granulate up, as the large area removed prevents complete approximation of the incision, but this can always be remedied if necessary, by transplanting at a later period by Thiersch's method.

The specimens I have here will illustrate what I mean by removing the breast and axillary contents entirely as one mass. They are specimens of some of my recent cases, and all show portions of the pectoral muscle attached.

You will see, then, that the operation aims at entire eradication of the disease, and with our present knowledge of its pathology, I do not think that we are

justified in subjecting our patients to an operation unless we do our utmost to work along the lines thus indicated.

There is one word more that I should like to say in connection with operation. Always be careful to thoroughly disinfect the whole skin area of operation, both breast and axilla before operating, shaving the hairs from the axilla, and getting rid of the fatty particles on the skin by means of ether or turpentine, and then cleansing well with soap and water, and finally putting on a carbolic compress a few hours before operating.

More particularly be careful, should you be operating upon a case in which a growth has ulcerated, to disinfect the sore and to cover it with iodoform gauze at the time of operation. Even with this precaution you may be unfortunate enough to contaminate the wound with septic matter, and suppuration will then occur instead of primary union. This has more than once occurred in my own cases in spite of the greatest care, and I can assure you that there are few things so disappointing to the surgeon as to find at the first dressing to remove the drainage tube from the axilla, that there is redness of the skin and pus exuding on pressure upon the margins of the incision. Your best plan under such circumstances is to cut any sutures which appear to be causing tension and apply hot boracic fomentations. This will in time get rid of the inflammation and prevent any great mischief, but needless to say healing will be considerably delayed.

A CASE IN OBSTETRICS, AND A MORAL.

By George Burford, M.B.

Physician for Diseases of Women to the London Homœopathic Hospital.

In the obstetric sections of the Imperial *Krankenhaus* in Vienna, the post-graduate student of this specialty has the most historic of object lessons in antiseptics in midwifery. Under these roofs, in these wards, Ignaz Semmelweiss gradually worked out amid persecution and obloquy the major issue of the problem of the prevention of puerperal antiseptics. Moved by the harrowing *post-partum* mortality in these buildings, Semmelweiss evolved the plan and commenced the

practice of the use of antiseptics in midwifery. *Si monumentum requiris, circumspice;* for the mortality in these beds has now, by the careful application of his principles, been reduced to the vanishing point of 1 in 500.

No less prejudiced an authority than Lawson Tait on antiseptics could be adduced. The writer recalls an occasion when Tait, though sticking to his guns as to the non-necessity of antiseptics in operative work, yet candidly admitted the vast revolution which antiseptic midwifery had effected in the mortality statistics of puerpery.

I have said that the major issue was successfully worked out by Semmelweiss; a collateral issue, frequently overlooked, has been brought into notice by an English obstetrician. Some fifteen years back, Playfair graphically sketched a case of puerperal septicæmia directly due to defective sanitary arrangements, and which immediately subsided on removal of the patient to safer environment. In the practice of the same specialist, the recovery of a Royal Princess was similarly prejudiced and similarly safeguarded by immediate removal. Because English sanitary arrangements now are infinitely ahead of Continental plans, the necessity for ensuring safe sanitary surroundings for the lying-in woman is often overlooked, and bedside antisepsis considered adequately protective. That bad sanitation—for which the architect is responsible—may cancel the most careful antiseptic midwifery—for which the doctor is responsible—the ensuing case helps to testify.

A short time ago I was asked by Dr. E. A. Hall to consider with him a case having certain puzzling aspects. A lady, some twelve days before, had been delivered of her first-born under conditions calculated to ensure recovery. Antiseptic midwifery had been carefully carried out in the most detailed and painstaking manner. The labour was in every respect normal, undisturbed at the time by any untoward incident. The nurse was a careful and experienced person.

On the third day a rigor occurred, and the case for some days presented the well-known characters of puerperal septicæmia. After about a week the symptoms progressively lessened in acuteness. The child, well developed and healthy at birth, was debarred from maternal nourishment, and fed on a suitable preparation of

nursery milk. Gastro-intestinal irritation caused this to be relinquished for humanized milk, and this again for peptonised milk, again followed by whey. Each successive food answered well for about 24 hours, but inevitably sickness and diarrhœa set in, only to be temporarily relieved by another variety of milk food. The child's tongue was clean, the mouth free from thrush; there was no constant flexure of the knees on the abdomen, nor anal eruption, nor excoriation. The vomit smelt sour; the stools consisted of undigested milk.

Carefully reviewing the details, it seemed to us that the unaccountable illness of the mother was intimately connected with the intractable mal-digestion of the child; that the illness of both individuals might probably be referable to a common cause, the incidence on the mother producing puerperal septicæmia, and on the infant acute dyspepsia. Various details made that cause seem to us in all probability to be defective sanitary surroundings, although these were not obvious. So convinced were we of the validity of our view that we directed the immediate removal of the infant to the house of a relative some short distance away, and a special nurse was detached for the service of the babe. In two days the sickness had stopped, the diarrhœa ceased, and the child was imbibing with ease and relish the nursery milk which had proved such a bugbear a few days previously.

The mother's condition had already begun to amend, so that there seemed no urgent need for her immediate removal; this was deferred for the present, pending the course of events.

Despite the assurance of the sanitary perfection of the house, we urged an immediate and independent survey. This was accordingly made, and our fears were fully borne out by the state of matters disclosed. A variety of tests revealed gross defects; and this in a new and well appointed house, with a good sanitary warrant!

The moral of this case is far-reaching. The unfortunate accoucheur is blamed for all cases of puerperal septicæmia, while the active cause may be entirely beyond his control, and the culpable person, not the physician, but the sanitary engineer. If antiseptic midwifery has been painstakingly carried out and kept up, the accoucheur

is justified in taking up a strong position, and insisting on the seeking—and finding—of the ultra-chirurgical cause. And always, in all special or important obstetric cases, and in as many others as is feasible, a preliminary and timely survey of the sanitary equipment of the house, must be considered as a prophylactic measure of the first importance.

REVIEWS.

The Scientific Basis of Medicine. By J. W. Heysinger, M.A., M.D. Philadelphia: Boericke & Tafel. 1897.

Some years ago, "The Doctor who talks" in *The Medical Era* stated that "in our profession there is no more pestiferous crank than the man who tries to load down homœopathy with a lot of rubbish which belongs to it, about as much as a barnacle does to a ship." Dr. Heysinger, in this very readable little *brochure*, criticises some of this rubbish, from the "key-note theory" down to the one thousand millionth "potency," giving rise to the time when "ordinary bottle work becomes too slow, so that potencies will run up, like the praying machines of Thibet, by fluxion, water running through troughs and with the flow registered to slide up potencies, from a drop of the one thousandth, at the head of the hydraulic system, to any point desired. After some hours of flow the spigot was turned, and a drop was taken; 99 drops of alcohol were added, and presto! it was done." Writes Dr. Heysinger: "No doubt Hahnemann's bones rolled over twice while these great discoveries were being made."

Homœopathy—or rather we should say the principles involved in practising homœopathically—are, in contrast, reviewed from a scientific standpoint. It is an interesting little book, and with much matter for thought.

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

The Congress was held on Thursday, September 16th, at the Imperial Hotel, White Ladies Road, Clifton. It was preceded by a conference on Hospital Federation. Dr. Nankivell, of Bournemouth, took the chair at this meeting, and there was a good attendance of the representatives of homœopathic hospitals. The circular issued by Drs. Madden and Burford, urging the need of federation, was read, after which the

following resolutions were proposed, seconded, and carried unanimously:—

(1). "That federation of the various homœopathic hospitals in England is desirable, and that proper steps be forthwith taken to ensure a suitable working basis for this object."

(2). "That an interim committee be appointed to formulate a practical federation scheme, such committee to be constituted of one or more representatives from each homœopathic hospital in England."

(3). "That the committee report progress at as early a date as advisable to a meeting of the honorary medical staffs of the English homœopathic hospitals."

(4). "That the chairman and conveners of this meeting be empowered to make the necessary arrangements for carrying the preceding resolutions into effect."

The meeting, which was in general sympathy with the scheme, concluded with the customary vote of thanks.

The Congress assembled at 10 o'clock under the Presidency of Dr. Proctor, of Birkenhead. The following members were present:—

Dr. Eubulus Williams (Clifton), Vice-President; Dr. Madden (Bromley), Treasurer; Dr. Dyce Brown (London), General Secretary; Dr. Nicholson (Clifton), Local Secretary; Dr. J. G. Blackley (London); Dr. Roberson Day (London); Dr. Burford (London); Dr. Neatby (London); Mr. Knox Shaw (London); Mr. Johnstone (London); Dr. Molsom (London); Dr. Carfrae (London); Dr. Jagielski (London); Dr. Bennett (London); Dr. Newbury (London); Dr. Powell (London); Dr. Hayward (Birkenhead); Dr. Bodman (Clifton); Dr. Hawkes (Liverpool); Dr. Murray Moore (Liverpool); Dr. Nankivell (Bournemouth); Dr. Ord (Bournemouth); Dr. Hughes (Brighton); Dr. A. R. Croucher (St. Leonards); Dr. Percy Wilde (Bath); Dr. Mackechnie (Bath); Dr. Clifton (Sheffield); Mr. Pincott (Tunbridge Wells); Dr. Hayle (Rochdale); Dr. Roche (Ipswich); Dr. Purdom (Croydon); Dr. Blackley (Southport); Dr. Storrar (Southport); Dr. Stopford (Southport); Dr. Cash Reed (Plymouth); Dr. Alexander (Plymouth); Dr. Black (Torquay); Dr. Douglas Moir (Manchester); Dr. Cavenagh (Worcester); Dr. Roberts (Harrogate); Dr. Maclachlan (Oxford); Mr. Bird (Penarth); Dr. Humphries (Liverpool); Dr. Green (Birkenhead); Dr. Hamilton (Newcastle). During the President's address several ladies and gentlemen, unconnected with the profession, were present.

The business opened by the President delivering an address, which appears at p. 579 of our present number.

This was acknowledged at its close by cordial applause, and a very hearty vote of thanks to him was passed on the motion of Dr. Blackley, sen., seconded Dr. Hughes, in an apt speech, and enthusiastically received.

After the usual interval to enable the treasurer to receive subscriptions,

Mr. James Johnstone, assistant-surgeon to the London Homœopathic Hospital, read his paper on *Serum Therapy and its Relation to Homœopathy*. The paper was illustrated by lantern slides showing how the serum is obtained and employed, and tables of statistics illustrating the results produced. This paper, together with the discussion it gave rise to, we hope to publish in our next number.

One o'clock having been now reached, the members of the Congress were entertained at luncheon by the Western Counties Therapeutical Society, a vote of thanks for this hospitality, coupled with the name of Dr. Eubulus Williams, of Bristol, being carried with applause. Upon the resumption of proceedings, the annual business was transacted. The minutes of the 1895 Congress were adopted; letters of apology were read from Dr. George Clifton (who invited the Congress to come to Leicester next year), Dr. Pope, Dr. Clarke, Dr. Goldsbrough, Dr. Wolston, and Dr. A. C. Clifton, of Northampton.

After some discussion London was selected, by a large majority over Leicester and Chester, for the next place of meeting.

As President for the ensuing year, Dr. Eubulus Williams was elected unanimously; Dr. Burwood was elected Vice-President. Dr. Dyce Brown and Dr. Madden were elected General Secretary and Treasurer respectively. For the next Congress Mr. Knox Shaw was appointed Hon. Local Secretary, and as the General Council the usual officials, with Drs. Hughes and A. C. Clifton (if able to act), the Council to have power to co-optate a member in case of Dr. Clifton's inability to serve. There was some discussion as to the date of the next Congress, which was eventually fixed for the first Friday in June, viz., June 5th.

The Congress then proceeded to the discussion of Dr. Johnstone's paper, read before luncheon. It was a long and interesting discussion, and the paper was acknowledged by hearty expressions of thanks.

Dr. Roberson Day, Physician to the London Homœopathic Hospital, then read a paper on *Tuberculosis of the Abdomen in Children*. This was also followed by a discussion (See p. 594 of our present number).

At the conclusion, Dr. Maclachlan's paper on *The Use of High Potencies*, was brought forward; but the afternoon being

now far advanced, and the paper having been printed, it was taken as read. Dr. HUGHES was the principal speaker in the ensuing discussion, and at some length he severely criticised Dr. MACLACHLAN'S argument. Dr. DYCE BROWN followed, also Dr. E. B. ROCHE. The PRESIDENT then asked permission to close the discussion, in doing which he rather deprecated the severity of Dr. HUGHES, and advised Dr. MACLACHLAN to persevere in the line he had taken up, and not to rationalise too much, but observe accurately, and his result would be more worthy of record. Dr. MACLACHLAN said a few words in reply, but time did not allow of the points raised being fully dealt with.

Dr. NANKIVELL moved a vote of thanks to the President, which was seconded by Dr. ROCHE, and carried by acclamation, and with this the proceedings closed.

Afternoon tea, provided by our hospitable colleagues of Clifton and Bristol, having refreshed the members, the interval before dinner was spent in a drive round the Downs, when the beauties of the scenery about the Avon Gorge and on other points of the Downs were keenly appreciated.

THE DINNER.

The members of Congress, together with a few ladies and other visitors, dined together in the evening at the Imperial Hotel, White Ladies Road, Clifton. The customary toasts were proposed, and with the aid of musical selections between the speeches a pleasant evening was spent. It was generally considered one of the most successful dinners that had been held. Between fifty and sixty were present. A full report of these proceedings we must defer until next month.

VISIT TO BATH.

On the following day, Friday, September 17th, a large party of Congress members and friends proceeded to Bath at the invitation of Dr. Percy Wilde and his colleague, Dr. Graham Wills, who had made arrangements for an inspection of local objects of interest, followed by luncheon. Leaving Bristol at 10.12 a.m., and arriving at Bath at 10.30, the party were first of all conducted over the Roman Baths, and the method of bathing during the Roman period was described, and contrasted with the modern bathing establishments, which were also inspected with much interest. Dr. Percy Wilde and Dr. Graham Wills conducted parties of the visitors over the whole of these interesting features, and Dr. Wilde gave much historical and technical information concerning them, which was greatly appreciated, the general arrangements of the modern baths exciting the admiration of the medical

critics. From thence the party passed on to the additions to the Pump Room building, now in course of construction, the Abbey Church, and Guildhall, where they were hospitably received by the Mayor, and invited to partake of refreshments. His Worship, who wore his chain of office, was introduced to the guests individually in the Mayor's parlour, and subsequently welcomed them with a short speech, expressing his pleasure in being permitted to show them over the Municipal Buildings, and adding that under the guidance of Dr. Wilde they would no doubt spend an enjoyable day. Dr. Proctor, of Birkenhead, the President of the Congress for the past year, appropriately acknowledged the Mayor's kindness and courtesy, which, he said, was an unexpected pleasure, and would linger in their memories for a long time to come. He then gave the toast of the Mayor's health, which was warmly received. His Worship again spoke in response, and said he was sorry he had not known earlier of the intention of the Congress to visit Bath, so that they might have made arrangements for a banquet or some more formal gathering of welcome. Doctors were, to a great extent, the creators of the prosperity of a city like Bath by the extent to which they availed themselves of the facilities it afforded them in the treatment of certain diseases, and, as Mayor of the city, whatever he could do during the day to render their visit enjoyable, he would most willingly do. (Applause). His Worship then conducted the medical gentlemen over the building. Later they were entertained to luncheon by Drs. Wilde and Wills, as already stated, and the remaining items in the day's programme were visits to the Royal Mineral Water Hospital, and the Bath Homœopathic and Lansdown Hospitals, the chief practical interest of these proceedings, for the visitors, lying in the demonstration by Dr. Percy Wilde of some inventions relating to the combustion of water at a low temperature, by which water can be used as fuel in an ordinary gas stove; the condensation of smoke, by which it is prevented from polluting the atmosphere, a new method of raising the bodily temperature, and a new form of needle bath, together with a short demonstration of the physical treatment of heart and lung disease, which can be employed by the physician himself, without the need of attendants or apparatus. Altogether, the visit to Bath proved a most interesting and instructive addition to the ordinary proceedings of the Congress gathering.

We must add that the chief papers of Bristol—*The Mercury* (from which our report of the visit to Bath is taken), *The Times and Mirror*, and *The Western Daily Press*—gave full reports of the proceedings of the Congress, particularly so of

the President's address. The last mentioned, in one of its leading articles, has the following comments upon the proceedings:—

"The President of the Homœopathic Congress, which assembled in Clifton yesterday, displayed, in the course of his inaugural address, a cheerful optimism which must command respect. There can be no doubt that the professional antagonism to the principles and practice of the medical science to which Hahnemann gave so great a stimulus, has markedly decreased; and professors of allopathy are now inclined to listen more patiently to the theories of the homœopathist than they were even a decade ago. In America, indeed, the homœopathist more than holds his own, and the trans-Atlantic verdict on the value of his services as an enemy of disease may possibly have exercised a considerable effect on opinion in this country. What Dr. Proctor contended for yesterday was that in England the two great currents of thought, represented respectively by the allopathists and the homœopathists should be allowed free opportunity of mutual interaction, without prejudice and without disadvantage, and should not be any longer forced to flow along widely separated channels. This represents the doctrine of toleration applied to the work of the medical man, and the homœopathists are certainly striving most strenuously to make good their claim to as full and free recognition in this country as in America, where apparently public opinion is more powerful than professional feeling. And, after all, the public must remain the final arbiters of the situation; for they will judge the relative merits of the opposed doctrines by the practically infallible evidence of results."

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

Section of Materia Medica and Therapeutics.

At the May meeting of the British Homœopathic Society, a resolution was passed empowering the committee of the section for Materia Medica and Therapeutics to call upon the members of the Society to volunteer as provers of the drugs used in the treatment of diabetes. In order to make a beginning, the committee have issued a circular signed by Dr. Hughes (Chairman), Dr. Lambert (Secretary), and Drs. Dyce Brown, Epps and Wilkinson.

In this they point out that it is necessary that such a work should be carried out in a manner consistent with the importance and the position of the Society, as an effort to set the homœopathic treatment of diabetes on a firmer basis of scientific accuracy.

The committee further state that it is proposed that the provings shall begin with small daily doses, gradually increasing. In this way it is confidently hoped that effects, sufficient to interfere with the daily work of provers, may be avoided. It is advisable that a prover should be ignorant of the name of a drug which he is taking; but the committee will, naturally, not refuse the help of those members who do not feel able to accept such a condition.

"Before beginning the provings it will be necessary that each prover shall carefully note for a week the morning and evening pulse, with the temperature at fixed hours, the approximate quantity of fluid imbibed, and the total quantity of urine passed in each 24 hours, together with its specific gravity and its re-action to litmus paper. For the purpose of measuring the quantity of urine, it should, so far as possible, be passed into a graduated vessel, and an effort should be made to empty the bladder before stool. A "Winchester quart" having a paper gummed firmly to the outside and graduated by lines to quantity of 25 cubic centimetres, and a cheap funnel to fit the neck of the bottle will be found convenient. It will be well also on two or three occasions, where possible, to estimate the quantity of urea by means of some reliable ureometer. In every case the presence or absence of albumen and sugar should be determined at the beginning and the end of the week; for the former the cold nitric acid test, for the latter, boiling a sample of the urine with freshly prepared Fehling's solution is to be preferred. For the provings themselves a dose of the selected drug, provided by the committee, is to be taken each morning on an empty stomach; the same particulars as in the preliminary week are to be carefully noted, together with all such unusual objective and subjective symptoms as may present themselves to the prover. All notes should be made in full and at once. Should the presence of albumen or sugar be discovered during a proving, the amount should be estimated quantitatively. Dr. Charles Hayward's modification of Esbach's albuminometer is suggested for the estimation of albumen, Carwardine's saccharometer for the estimation of sugar.

"In order to save trouble to provers, samples of urine taken from the total of 24 hours (not less than ʒiv. in amount) may be sent in cleaned bottles, by Parcel Post, either to "Proving,"

London Homœopathic Hospital, Great Ormond Street, W.C.; or to C. J. Wilkinson, 8, Osborne Villas, Windsor. The bottles should be accompanied by a tied-on label, stating the name of the prover, the amount of the 24 hours' secretion, and the date of the commencement of the 24 hours in which the urine was passed. Those provers who avail themselves of this method of having the urine examined will suspend their proving for the 24 hours beginning on a Saturday morning."

All promises of help and all correspondence connected with the provings may be addressed to the Secretary, 5, Alfred Place West, Thurloe Square, South Kensington.

LONDON HOMŒOPATHIC HOSPITAL.

In a letter to the August number of the *Medical Century*, Dr. Geisen, of Cincinnati, who has recently visited London, describes the Homœopathic Hospital in Great Ormond Street as a "perfect gem of its kind, embodying all the latest developments of scientific hospital construction, and reflecting credit on homœopathy, on those to whom the labour of its work has fallen and on those who have so generously supplied the funds. It is not too much to say that every excellence possessed by the most approved modern hospitals is represented in the new building."

Of the post-graduate lectures, he writes: "The post-graduate course at the London Homœopathic Hospital has been thoroughly practical and largely of the nature of a clinical demonstration. The enlarged and modern structure has attracted the notice of medical men, and through them both in- and out-patient work has been increased. The teaching, in addition to being a summary of present practical knowledge of subjects under treatment, was a *résumé* of the personal experiences of the lecturer, both as to natural history and the treatment of disease. In most instances, the illustration of the subject was carried out by the exhibition of cases."

And he concludes this portion of his letter by urging that "Homœopathic physicians going abroad for study should by all means not slight the post-graduate at the London Homœopathic Hospital. Those not perfectly familiar with the German language will do better in London in post-graduate work than on the Continent."

COMMERCIAL SCIENCE.

The Practitioner for September states that "in his admirable address on the progress of physiology during the last

thirteen years, delivered at the annual meeting of the British Association at Toronto, Professor Michael Foster spoke strongly of the increasing risk of men undertaking a research, not because a question is crying out to them to be answered, but in the hope that the publication of the results may win for them a lucrative post! He also alluded to 'an even greater evil ahead'—namely, 'the selfish withholding of new scientific truths,' that the discoverer may make as much money out of it as he can. It has long been the great boast of the medical profession that knowledge acquired by any of its members was the common property of all. The introduction of the new serum treatment has led to the violation of this honourable tradition. New remedies of this kind are sometimes treated as 'trade secrets' by their discoverers, and exploited by the ordinary methods of commercial enterprise. They are introduced with the usual 'boom;' after a time comes the inevitable 'slump,' and the nostrum disappears from the market. This new alchemy, which makes gold out of serum is an ignoble business, and degrades those who pursue it below the level of the vulgar quack-salver, whose wares are, at least, mostly harmless. In this new and discreditable development of 'science' Germany has led the way. So far this country had remained free from commercialism. May it continue to be so!"

CHEST EXERCISES IN INCIPIENT PHTHISIS PNEUMONALIS.

The extreme value of physical exercises in the very early stages of tubercular phthisis having been forced upon our attention, we reproduce some directions of Dr. Percy Wildes for the carrying out of these movements.

"Much of our literature during recent years has been devoted to the endeavour to provide a satisfactory answer to the following questions: First, *What is the best method of rendering the tissues capable of resisting the attack of the tubercle bacillus?* Secondly, *How can it be destroyed when it has once infected any part of the organism?* The recent experiments made by Dr. Lauder Brunton in reference to the first question, as to the possibility of rendering the tissues impervious by the long-continued administration of lime and other salts, tend rather to show that a contrary effect is exercised. The numerous investigations bearing on the second question, both with antiseptics, tuberculin, and cantharidinate of potash, &c., have tended to the general conclusion that the blood serum must be regarded as one of the

most powerful agents for the destruction of tubercle, and, as a consequence, we have still more recently had records of treatment by the injection of the blood serum of the dog as a means of arresting the tubercular process.

"Besides these facts we should place our common knowledge that tubercle is most frequently first deposited in the apices of the lungs, and that this portion of the lung is the least likely to be expanded in tranquil respiration, and as a fact in phthisical subjects the expansion is notably deficient. We know that the first effect of the disuse of any organ or tissue is defective blood supply, and that this condition is most favourable to retrograde metamorphosis of any kind.

"There is a pre-tubercular stage which we sometimes meet with in practice, in which the physical signs presented by the lungs are chiefly negative. Instead of the normal respiratory murmur, the breath sounds are of the shallowest description, and the expansile movements of the chest wall are of the same character. Such cases are associated with great debility but no rise of temperature. If left untreated, they generally end in rapid tuberculosis. Another class of case more commonly met with is the after result of pneumonia, where the lung has never regained its power, and presently breaks down, and all the physical signs of phthisis make their appearance. In such cases, as well as those in which tubercle is found to be deposited at the apices of the lungs, the patient's life depends upon the physician recognising the importance of restoring physical activity to the disused tissues. By doing so he can at once furnish them with those agents which are most destructive to the tubercle bacillus and to retrograde metamorphosis, viz., oxygen and blood serum. The constant and natural supply of such agents must prove more effective than the occasional injection of 'dog's serum' or some antiseptic.

"As regards the method of accomplishing this, it is worse than useless to tell the patient to go home and exercise the arms or use 'dumb-bells.'

"To obtain expansile movements in inactive lung tissue requires all the care and skill which would be given to a surgical operation. The first exercises should be always performed by the physician, and only when the patient has overcome the difficulty of expanding the chest should the process be conducted by a trained nurse or attendant, whose manipulations require to be carefully watched.

"The patient lies in the dorsal position on a perfectly flat couch or bed. He is directed to draw a deep inspiration, hold the breath for a few seconds, and then make a forcible expiration.

"Next, he or she is taught to raise the arms and extend them behind the head during the *inspiration*, and then hold the breath while the arms are flexed upon the body and brought to the sides, when the *expiration* is made.

"The physician sees that during this movement the elbows are maintained in contact with the couch, otherwise its effect would be limited.

"Next, the physician grasps the extended hands of the patient, and offers steady resistance during the flexion of the arms. This is done six or eight times, the patient being allowed to take a few tranquil respirations between each movement. The position of patient and operator is shown in Figs. 1 and 2.

"This is shown in Fig. 3. During the descent of the arms, the operator not only resists and draws the hands backwards, but by pushing with his knee against the back of the chest, he forces it forward. Such exercises are capable of producing very profound physiological effects, and should be used with discretion. The number of movements should not exceed ten, and a few tranquil respirations should be allowed between each.

"Space will not allow me to explain other methods designed to force into action particular parts of the lung, but these are fully dealt with in my lectures on the subject 'Baths and Physical Methods of Treatment.'

Fig. 2.

"When the patient is able to bear it, the same exercise is performed, but in an altered position, which renders it more powerful.

Fig. 3.

"Such exercises must be used in combination with methods for improving the *quality* of the blood. I use uncooked beef juice very freely during the course of treatment, and the results have been so satisfactory that I have not been tempted to try the numerous methods recently advanced."—*Medical Annual*, 1892.

IS INFLUENZA COMING?

For years past that most terrible of scourges, influenza, has swept through and through Great Britain. Gradually its victims have become fewer, and at times one had hoped that the venomous creature was scotched; but, alas! it has never really disappeared. One of the things about the malady that gives it such lingering vitality is that an attack, unlike most other zymotics in this respect, fails to give immunity to the sufferer. When the epidemic wave first broke upon our own Islands some seven years ago, it came from China by way of Russia. At the present moment, and for months past, influenza, in a severe form, has been raging in the district of Merv. It has claimed an immense number of victims, and although fewer deaths are now reported from the disease, yet, on the other hand, its virulence has increased rather than lessened. The latest reports state that it leaves severe results, such as heart affections, paralysis, and spastic affections of the limbs. Whilst hoping that, as a nation, we may be spared invasion by this mortal malady, against which sanitary measures seem useless, we must own to some disquietude at its presence in Russia, which has so often been its half-way house, so far as Great Britain is concerned.—*Medical Press and Circular.*

CIRRHOSIS OF THE LIVER FROM PHOSPHORUS.

Aufrecht (*Deut. Arch. f. klin. Med.*, vol. lviii., p. 302) thinks that the diffuse "interstitial hepatitis," leading to cirrhosis, is never the result of an interstitial inflammation, but that it depends entirely on an inflammatory process, affecting the glandular cells of the peripheral parts of the acini. Human cirrhosis, he thinks, corresponds exactly with experimental cirrhosis as produced by phosphorus. Rabbits were injected with 1 or 2 mg. of phosphorus dissolved in olive oil. According to their individual powers of resistance to the poison the rabbits lived different lengths of time. Thus, of eight rabbits experimented on, four died after two injections of 2 mg., whereas one lived to receive 69 injections of 1 mg. The liver of the last-mentioned rabbit was found to have a finely-granular surface, analogous to that seen in human cirrhosis of the liver. In the experiments ascites twice occurred, but jaundice never. In some cases albumen and hyaline casts were found in the urine. Wegner thought that large doses of phosphorus affected the hepatic parenchyma, whereas small doses affected the interstitial tissues; but Aufrecht thinks he has proved that the hepatic cells are the only part ever affected. The difference he finds is that with

large doses all the cells of the acini are damaged, whilst with frequently-repeated smaller doses the peripheral portions only of the acini are affected; in the former case the hepatic cells may be destroyed and their nuclei may disappear, but in the latter case no cells are destroyed, though the protoplasm of the affected cells is diminished, so as to give rise to the erroneous supposition of interstitial inflammation with newly-formed tissue between the acini.

MENORRHAGIA IN YOUNG GIRLS.

Froelich (*Arch. de Gynéc. et de Tocol.*, September-December, 1896) puts on record three cases of vaginal hæmorrhage at puberty in which a hypertrophic condition of the cervix uteri was found with a certain degree of fungous endo-cervicitis. The treatment recommended and carried out in two of the cases was curettage and removal of the superfluous portion of the cervix. In another group of cases uterine hæmorrhage at the period of puberty is due to chlorosis and anæmia; in them the hæmorrhage is not great, but is dangerous from its intractable nature and also on account of the chlorosis, of which it is an epiphenomenon. In these instances it is the chlorosis that calls for treatment.

THE BICYCLE AND THE KIDNEYS.

The *Gaz. degli Osp. e delle Clin.* of December 24th describes some recent investigations of the urine of healthy subjects before and after bicycle riding, which showed in half of the cases such an abundance of albumin and cylinders of various kinds that the diagnosis of acute or chronic parenchymatous nephritis would certainly have been made by anyone unacquainted with the circumstances. It is evident that the condition is what Leube designates as physiologic or functional albuminuria, with the difference that Leube and Senator state that there is no trace of cylinders in physiologic albuminuria, while in eight riders examined, members of a bicycle club, tube casts of all kinds were found in abundance in all but two, with more or less albumin in all. Four other riders gave out after an hour and a half or three hours' ride, and in two of these the urine was normal; in the other two it was moderately albuminous, with no casts. Five healthy boys also showed albumin in the urine after riding. The writer concludes that the frequent repetition of such experiences can scarcely fail to terminate in chronic nephritis sooner or later.—*Journal Am. Med. Asso.*

A BABY'S SIX DOCTORS.

On the 31st August, Mr. Wynne E. Baxter, coroner, held an enquiry at the London Hospital respecting the death of Judal Woodstall, aged three months, the son of a machinist, of 15, Montefiore House, Cannon Street Road, E. The mother stated that the child had been ailing and had been attended by five doctors. The Coroner: Good gracious, woman, what did you want five doctors for? Far better if you had stuck to one. Jennie Posner, a girl living in the same house, stated that all the doctors prescribed different medicine for the child. Dr. F. Hutchinson, house physician, stated that the cause of death was broncho-pneumonia and collapse. A Juror: Were you one of the five doctors? The Doctor (smiling): No, I was No. 6. (Laughter.) The Coroner: It would be interesting to know what the other five said was the matter with the child. A verdict of "Natural death" was returned.

OBITUARY.

DR. WOODGATES.

It is with great regret that we announce the death, on Sunday, the 12th of September, after a long illness, of our friend Dr. Woodgates, of Exeter, in the 58th year of his age.

Samuel Henry Woodgates was born in Honiton, in the county of Devon, in 1840, at the Grammar School of which he received his early education. On leaving school, he became a pupil of his brother-in-law, the late Mr. Cox, of Rochdale. After spending two or three years with him, he entered the University of Glasgow, taking the degree of M.D. in 1868. During the following year, he studied at Guy's Hospital, for some time, and was admitted a member of the Royal College of Surgeons. After assisting the late Dr. Smart, of Scarborough, for a few months and officiating as *locum tenens* for the late Dr. Dunn, of Doncaster, he, in 1865, commenced practice in Brighton, under the auspices of the late Dr. Hilbers, to whom he was warmly attached.

Having married in 1870, and the retirement from Exeter of Mr. Kyngdon enabling him to indulge his long cherished wish to reside in the chief town of his native county, he made arrangements to succeed to the practice, and removed there in 1871. The climate of South Devon proving too relaxing for the good health of some members of his family, he was advised in 1880 to take advantage of Dr. Edward Blake's removal from Reigate to London to give them the benefit of the more bracing air of the Surrey hills. The change answered the object held in view in making it most completely; and, having done so, the spirit of the true Devonian asserted

itself, and he returned to Exeter in 1884. There he has since resided and practised with much success, taking an active part in promoting the welfare of some of the chief of the charitable institutions of the city. Of these, he was most warmly interested in the Exeter Homœopathic Dispensary, and chiefly through his efforts it was that it achieved so high a degree of success and popularity. It was mainly through his exertions that the committee, with the Rev. the Earl of Devon as chairman, were enabled to carry on the work of the dispensary in their own premises. Dr. Woodgates was also in 1886 elected on the Board of the Wonford House Hospital for the Insane, of which he was, on two occasions, chosen as the vice-chairman. Of the Exeter Deaf and Dumb Asylum, too, he was a member of the committee. In promoting the interests of the Masonic Brotherhood, he was especially zealous.

Enjoying a considerable practice and great personal popularity throughout the city and county, he devoted himself to his professional duties and the welfare of his fellow citizens both energetically and successfully.

By all who knew him Dr. Woodgates was ever recognised as a most kind-hearted and genial gentleman, every ready and anxious to be useful to those amongst whom he lived. His sympathy and kindness, supplemented as they were by a very complete knowledge of his profession, procured for him a large circle of attached friends, among whom he numbered many of his medical brethren, who, knowing nothing of homœopathy, disliked it in proportion.

For some years past, Dr. Woodgates has had reason for suspecting that his heart was more or less unsound, and during the last two years this has been particularly marked, valvular disease gradually becoming thoroughly developed. Last November jaundice set in, with the usual sense of depression and general malaise. It was hoped that a period of rest with change of scene might revive him, and a voyage to Egypt in the company of his youngest son was undertaken early last May. Unhappily, the good effects anticipated from the journey were not to be realised, and on his return home he was obliged to take to his bed. Dropsy supervened, followed by uræmia, rendering him more or less comatose during the last few days of life.

During his illness Dr. Woodgates was under the care of Dr. Midgley Cash, of Torquay; Dr. Byres Moir, of London, on several occasions went down to see him in consultation, while his *locum tenens*, Dr. Tindall, R.N., was in constant attendance upon him.

Dr. Woodgates leaves a widow, three sons and two daughters.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Dr. GIBBS BLAKE.—Your paper on Apis is in type, but was "crowded out" on going to press.

Dr. A. H. CROUCHER.—Your paper on Retroversion of the Graved Uterus has been received, and will appear next month.

We have been informed that Dr. MUNSTER, of Belfast, has joined Dr. PURDOM in practice at Croydon.

Communications have been received from Dr. BURFORD, Mr. WRIGHT, Mr. SPENCER COX (London); Dr. GIBBS BLAKE (Birmingham); Dr. BLACKLEY (Southport); Dr. ARNOLD (Manchester); Dr. PROCTOR (Birkenhead); Dr. TINDALL (Exeter); Dr. PERCY WILDE (Bath); THE SINGER MANUFACTURING COMPANY (London); Dr. A. T. BURRELL (Calcutta); Dr. MORTIMER LAURENCE (Philadelphia).

BOOKS RECEIVED.

A Repertory to the Cyclopædia of Drug Pathogenesy. Compiled by Richard Hughes, M.D. Part I.—Introduction.—Nervous System.—Head.—London: Gould & Son. New York: Boericke & Tafel. 1897.—*Scientific Basis of Medicine.* By T. W. Heysinger, M.D. Philadelphia: Boerike & Tafel. 1897.—*Diseases of Females and Children, and their Homœopathic Treatment.* By Walter Williamson, M.D., Philadelphia. Boericke & Tafel. 1897.—*The Homœopathic World.* September. London.—*Medical Reprints.* September. London.—*The Chemist and Druggist.* September. London.—*The Calcutta Journal of Medicine.* November and December, 1896.—*The North American Journal of Homœopathy.* September. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* September. New York.—*The Medical Times.* September. New York.—*The New England Medical Gazette.* September. Boston.—*The Hahnemannian Monthly.* September. Philadelphia.—*The Homœopathic Recorder.* August and September. Philadelphia.—*The Homœopathic Physician.* August. Philadelphia.—*The Homœopathic Envoy.* September. Lancaster, Pa.—*The Medical Century.* August. Chicago.—*The Clinique.* August. Chicago.—*The Hahnemannian Advocate.* August and September. Chicago.—*The Southern Journal of Homœopathy.* July and August. Baltimore.—*The Minneapolis Homœopathic Magazine.* September.—*The Medical Argus.* July. Minneapolis.—*Revue Homœopathique Belge.* July. Brussels. *Leipziger Populäre Zeitschrift für Homöopathie.* September.—*Allgemeine Homöopathische Zeitung.* August and September. Leipsig.—*Homœopathisch Maandblad.* September. Amsterdam.—*Rivista Omiopatica.* July and August. Rome.—*El Propagador Homeopatico Organo del Instituto Homeopatica y Hospital de San José.* July. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 12, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59 Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE BRITISH HOMŒOPATHIC CONGRESS, 1897.

The meeting recently held at Bristol, of which we gave a partial report in our last number, and now furnish our readers with a full account in our present issue, was one of the most interesting and instructive of any that have been held since an annual general gathering of those members of our profession who practise homœopathically was reinstituted in 1870.

The address of the President, Dr. Procror, of Birkenhead, struck a practical and broad-minded note which pervaded the whole of the meetings, giving to them a tone which was of happy augury for the future of medicine in this country. It was at once brilliant and practical. Read, as it appeared in our pages last month, it is extremely interesting and well worthy of the thoughtful consideration of every believer in the truth of homœopathy, as well as of those who deny this truth; while, as heard by those present at the Congress, delivered as it was in a striking and most impressive manner, it was yet more attractive. As one very competent critic has since said, the address loses half its interest in type, so splendidly was it delivered. It is a deliverance full of encouragement to those of us who have so long persevered in the effort to demonstrate

to the profession that, as a therapeutic method, homœopathy is absolutely true, and gives to those who select their medicines in accordance with its principle a power of control over disease that is otherwise unattainable.

From the outset of the announcement by HAHNEMANN that the principle of similars was the central principle of medicine—the scientific basis of therapeutics—its practical use has been opposed. "The value of this opposition, however repugnant to our feelings it may have been, is seen," said Dr. PROCTOR, "in its having 'welded us together,' and thus has given homœopathy the promise of a distinct existence. Whatever may be the future policy of the profession with regard to us, we stand here to-day," he continued, "as a grand anomaly in the fact that by the profession at large we are neither accepted nor refuted. Common-sense would say that we ought to be either the one or the other. . . . Without proper investigation homœopathy was condemned as false; its life therefore was to be the short life of all scientific errors." Referring to Sir W. BROADBENT'S remark that "homœopathy was like a belated ghost haunting the dawn of scientific medicine," Dr. PROCTOR described the apparition Sir WILLIAM appeared to have seen as "only an error of perception; what he took to be a ghost was really only the shadow of a living body, and that shadow does occasionally pass over the disc of 'scientific' medicine." The ghosts of medicine are rather "to be found in the rusty lancets and cauteries of the surgeon, in the gallipots of old polypharmacy, and in the actions of the obsolete medical theories in the popular mind. There are where the ghosts of the dead past are to be found."

Dr. PROCTOR traced "the anomaly of our therapeutic views being neither accepted nor refuted" to ignorance—"ignorance of our doctrines and practice, ignorance of our writings and of medical history in general." So far as the great mass of the profession is concerned, we believe that this is true. But whether it is true of the leaders of medical thought, we doubt. These gentlemen, many of them at least, show so much ingenuity in the construction of their various misrepresentations of homœopathy that, with every desire to be charitable, we have been constrained to infer from them that the writers of them knew a great deal more than they were

willing to confess. They formed their opinion of it many years ago without any knowledge of it, and, like Dr. LAUDER BRUNTON'S friend, a general practitioner, who declined to endorse the advice Dr. BRUNTON had given to a patient sent to him for consultation, that he should go to Nauheim to undergo the SCHOTT treatment, they "simply knew," as Dr. BRUNTON said his medical friend did, "absolutely nothing about it; did not take the trouble to enquire, and so decided upon a basis of pure ignorance."* Having so decided, they have determined neither to accept it nor to refute it. It is, in short, a striking instance of what MARK TWAIN calls "pure cussedness."

With regard to the medicine of to-day, Dr. PROCTOR quotes Sir SAMUEL WILKS, who lately said, as he has often during the last thirty years said before, "scientific therapeutics is what we are hoping for, but at the same time very little exists;" and again, "that which is often called scientific is when a number of remedies are given for each particular symptom." When presiding at the opening of Guy's Physical Society at the commencement of the present session, the President of the College of Physicians referred to an extraordinary prescription that had been quoted in a recent number of *Guy's Hospital Gazette*, and said that "it was quite clear to him what kind of patient the author of the prescription was dealing with, and he enumerated the various symptoms—cough, pain in the limbs, quickened pulse, thick urine, weakness, treated respectively with acetate of ammonia, potassium iodide, digitalis, squill and spiritus ammoniæ aromaticus, together with ipecacuanha as an expectorant, senega as a tonic, tinct. chloroformi co. to combine the lot, with a little aqua menthæ pip. thrown in in case of wind"!† And this is what is deemed to represent the supposed scientific medicine of the day! We are glad that Sir SAMUEL is able to say that "so little of it exists."

Dr. PROCTOR next passes to consider the position in which homœopathy stands to that therapeutics which is non-homœopathic. "On the one side," he says, "is the idea that all deviations from the line of health are to be

* *The Action of Medicine*, by T. L. Brunton, M.D., p. 354.
† *Guy's Hospital Gazette*, October 9th, 1897.

remedied by an equivalent dose of some medicine pulling or pushing the vitality in an opposite direction, after the simple rule of mechanics; and on the other side is the small dose, selected on the principle of similars, but what it is actually doing in the body no one can exactly say. It does not seem to be opposing any function, or offering any antagonism, but rather seems to be co-operating with the vitality to bring about, in some silent and gentle way, the balance of health. It looks as if it were essentially a case of co-operation *versus* antagonism." Rarely, if ever, have we seen the relative position of the two therapeutic principles, the homœo-pathic and the anti-pathic more clearly or concisely put than in this passage of Dr. PROCTOR'S address.

He then shows that the principle of similars had been a possession of medicine during its whole history, but that it "had become practically lost, and HAHNEMANN came in these latter days simply to restore to medicine its lost inheritance." Why was it so lost? The answer seems to be that "the principle of opposites is so obvious and so universal in the realm of physics as to suggest that the same applies to the vital force. Hence, a deviation from the line of health is met by some drug acting in an opposite direction." This is so simple and so obvious as to rise to the level of common sense. "And yet," he continues, "unless the vital force be proved to belong to the same order as the physical forces it may be very misleading."

While admitting, as we all do, that the principle of opposites in medicine is a real and true principle, and that it has its place and value, yet the experience of all who have honestly put homœopathy into practice has so shown them the superior value of medicines chosen in accordance with its principle in bringing about a permanent cure, that we can, as Dr. PROCTOR says, "only regret that it does not so obviously appeal to common sense." In subsequent sentences, he expresses his confidence that "some day, when our acquaintance with vital laws is more advanced, we shall be able to see, as a self-evident proposition, the necessary truths of the homœopathic law." Our acquaintance with vital laws is unhappily very small, and, with the purely material trend of scientific thought at the present day, we have

but small prospect of increasing it within a measurable period of time. "For if," as the late Dr. MOXON said, "if you spend all your time in experimental processes of scientific weighing and measuring, you come at last to think all nature is to be explained by the ponderable and measurable, as Professor TYNDALL appears to have done."*

In a striking and interesting manner Dr. PROCTOR draws attention to the antiquity of homœopathy—a fact which has been noted in all our literature from that provided by HAHNEMANN until the present day, but one which we do not remember to have seen placed so forcibly before us as it was in the Presidential address. "The treatment of disease on homœopathic lines had been handed down to us," says the PRESIDENT, "by a number of writers long before HAHNEMANN." In the same way, and pointing to the same lesson, "the idea of evolution was as old as that of homœopathy, but both were vague and tentative, hardly worth calling more than a speculation, until these two men"—DARWIN and HAHNEMANN—"came, and then by the range of their knowledge, the power of their intellectual grasp, their industry and their penetration, the two allied biological sciences were left at their death in a very different state from that in which they were found." The parallel drawn between these two great leaders of scientific thought, the similarity between the personality, the labours, the learning and the achievements of each is described with much force.

On the negative side, too, as Dr. PROCTOR notes, there is a curious similarity. Darwinism, as HUXLEY pointed out, is in need of a theory of variation, while we are all conscious that HAHNEMANN'S teaching stands in need of a theory of the action of the small dose. "The merit of HAHNEMANN," said the PRESIDENT, "is not that he *discovered* homœopathy, but that he *established* it."

In the closing portion of his address, Dr. PROCTOR describes in clear and forcible terms, the influence which the teaching of HAHNEMANN has had upon the world of medicine. "We may point" he says "to the number of avowed practitioners" (of homœopathy that is) "all over the world, and the number of the intelligent portion

* *Pilocereus Senilis*, p. 25.

of the community who adopt the treatment; but this, I take it, is the least part of our services." This, we think, is especially important from the ethical point of view. Our desire is to influence the therapeutic teaching of the profession at large, our aim is not to form a "party" or a "sect" within the profession. That we have done so is true, but our doing so was forced upon us. We had no option in the matter. If we would teach and practise that which experience had taught us was true in therapeutics, that which we know led to a greater power of control over disease than any previously known therapeutic method, the leaders of medical thought and of professional action decreed that we should do so alone and apart. They would not accept our views, neither would they enquire whether they were true, or make any investigation which would enable them to refute them. In this position of isolation we have worked during the last hundred years, secure in the consciousness of being in the possession of a great truth, which it was our duty "to sustain in existence, to carry on, and to develop." We have done so, and doing so have "brought round the professional world very largely to our standpoint." That, and not the constitution of a sect, is the mission of the disciples of HAHNEMANN. The so far sectarian position has been forced upon us, and being inevitable, we have used it as an instrument for the more perfect fulfilment of our mission. Undesirable as such a position is from several points of view, we do believe that through it our work in the development of therapeutics has been more completely done. We have, indeed, lacked the corrective criticism of many thoughtful students of therapeutics, of many earnest investigators of science in different fields, whose enquiries and studies would have prevented many of the mistakes which during the last hundred years have, doubtless, crept into our researches, many errors in observation which have probably passed unnoticed. Still, our work has been accomplished all the more thoroughly, all the more earnestly by the mere fact of the enthusiasm which this forced isolation has created amongst us.

In setting forth the several points on which the influence of HAHNEMANN's teaching has been most marked, Dr. PROCTOR refers to the present view of the nature of

disease as taught by Dr. LEECH in the June number of *The Practitioner*. "Sixty years ago, diseases were looked upon as enemies to be directly overcome by remedies. They are now regarded as evidences of changed functions of various organs, and our efforts are directed to find agents which will restore to those organs their proper functions or remove the cause which induces the change. If," continued the PRESIDENT, "HAHNEMANN were present to hear these words he would be inclined to say, 'At last!'" He then notices the aspect of pharmacy, showing that the preparations now used—"the new pilules and tabloids"—are so similar in form and in the dose of the medicine they contain that in many instances they are available to carry out a homœopathic prescription! "What conceivable use," says Dr. PROCTOR, "can there be for drop doses of aconite or belladonna, except on homœopathic lines?"

Passing to the question of the selection of the medicine on the lines of "*similia*," Dr. PROCTOR shows that while nominally denying the homœopathic law, efforts are continually being made to explain the homœopathic action of medicines. The two theories which, so far as we are concerned, appear to hold the field, after many which have been constructed and abandoned, are that of the wave interference and that of the opposite action of the large and the small doses. Upon the latter, a paper was read at the meeting of the British Medical Association at Montreal this year; while so long ago as the beginning of the century, Dr. HUFELAND, the Nestor of medicine in Germany, had the following in his *Practice of Medicine*:—

"Even the direct cure of disease by specifics so called, is the work of nature, for the remedy used acts only as the excitant, and the reaction it awakens and the alteration for the better are solely owing to the internally working power of nature. Thus far also homœopathy, which claims so high a stand above nature, is the best proof of her power, for HAHNEMANN'S doctrine is nothing more than a method of curing diseases by specifics, and in selecting such a remedy as will create a disease similar to that which already exists, affecting the very organ diseased, excites the reaction of nature in this part and produces that internal curative process which heals the disease."

Why was not this presumption in favour of the law

of similars taken up and the enquiry pursued by the whole profession at the time, is the question which suggests itself to Dr. PROCTOR. The opposition to homœopathy at that day was really no opposition to it at all. All the polemical papers on the subject published at that time were directed to prevent enquiry into it, on the ground that HAHNEMANN repudiated venesection. A physician who could do that was thought to be a dangerous character, and any views that he might publish unworthy of consideration. Thus HUFELAND himself wrote: "The chief fault to be found with it, however, is the neglect of those two most important means of saving life—bleeding and emetics, which it is impossible to replace, and for the neglect of which nothing can afterwards make up." This was the "red herring" drawn across the path of homœopathy in the early days, and effectually prevented enquiry into it.

Dr. PROCTOR next notices the theory of "Wave Interference," by which Dr. JOHN HARLEY explains his recommendation of small doses of atropia in certain inflammatory diseases, to the effects of which the action of the drug is similar. "Two similar effects," writes Dr. HARLEY, "the one arising from a local irritation, and the other from the presence of belladonna, like spreading circles on a smooth sheet of water, interfere with and neutralise each other."

Dr. PROCTOR, however, considers that "life is so unique a thing, with its powers of growth, reproduction," &c., that analogies with mechanics, with light and sound will be but imperfect, and that the explanation of the homœopathic cure will be found "on strictly vitalistic lines." His own idea, one which he just throws out for consideration, is one which, as he says—

"Seems to fit a considerable number of that class of diseases which are termed heterogenous, *i.e.*, produced by hurtful influences exercised upon us from without. That derangement of the vital activity that we call disease is in such cases but a want of adaptation to new elements in our environment, and cure comes about in two ways, either by removal of the cause or adaptation of the system to it. It is quite conceivable that the small dose acts as an intermediary, as a stepping stone, to enable the vitality to pass from one condition of things to another by an easy transition, by several little steps, instead of one large one."

This theory he terms one of acclimatisation, on the well-known principle of acquired tolerance or immunity which is thus extended to all elements of our environment, and not limited to those few organic poisons to which the term immunity is generally applied. Concluding this portion of his argument he says:

"In some such manner homœopathy may be seen to owe its superior efficiency to its co-operation with the vital force, and to stand out in striking contrast with the root idea of allopathy, which is essentially that of medicinal antagonism."

The final passage of the address is hopeful and generous. In it Dr. PROCTOR expresses the hope that, before the century closes, the two great currents of thought will not be forced to flow in separate channels, but will have a fair and free opportunity of mutual inter-action without prejudice and without disadvantage." He is full of confidence that, "when the strife of controversy is over, and our principles and practice have been fully tested, among the honoured names of those who have advanced the art of medicine, it will be admitted on all sides that there has been none more worthy of honour than that of SAMUEL HAHNEMANN."

An address more truly worthy of inagurating a British Homœopathic Congress has, we believe, rarely if ever been delivered than that with which the meeting at Bristol opened. We commend its perusal and thoughtful consideration to our readers, and trust that many amongst them will avail themselves of any opportunities that they may have of bringing it under the notice of non-homœopathic practitioners.

The address was followed by a learned and elaborate paper on *Serum-Therapy*, by Dr. JOHNSTONE, and this again by a most interesting discussion. Both the paper and discussion appear in our present number. One interesting fact was made clear by several speakers of experience, viz., that whether the action of the serum can be shown to be homœopathic, or whether it cannot, the mortality following diphtheria treated with incontestably homœopathic remedies is no greater than that in which the serum is used. Such being the case we, at any rate, have no temptation to risk incurring the occasional dangers which have been shown to attend the use of the serum.

Dr. ROBERSON DAY'S paper on *Abdominal Tuberculosis in Children*, which, with the discussion that arose upon it, appeared in our last number, followed. Thoroughly practical and sound in its teaching, showing much careful clinical observation, Dr. DAY'S paper, strengthened and in some points added to by the discussion, was well worthy of the hospital to which its author is one of the physicians, and, with that by Dr. JOHNSTONE, gives to that institution an additional claim upon our support and upon our interest in its welfare.

The promised paper on *High Dilutions* or "potencies" —a kind of "begging the question" word—by Dr. MAC LACHLAN, of Oxford, was circulated in type among the members, as the time was too far exhausted to admit of its being read. Those who had read it supplied the meeting with an interesting discussion.

The hospitality of our colleagues in Bristol and Clifton in furnishing luncheon, afternoon tea and an excursion were most thoroughly appreciated.

The visit to Bath on the following day, on the invitation of Dr. PERCY WILDE and Dr. GRAHAM WILLS, was as interesting and instructive as it was full of enjoyment to those members of Congress who were able to join in accepting it, and most heartily did they appreciate the kindness and hospitality of the MAYOR of Bath, Dr. PERCY WILDE and Dr. GRAHAM WILLS. An account of this visit will be given in our next issue.

During the hour previous to the commencement of the business of the Congress, a meeting was held of such of the members as take an active interest in homœopathic hospitals, when a committee was appointed to formulate a scheme for the federation of the London and provincial hospitals in which homœopathy is practised. We trust that great good will result from this scheme, and that the work done at each institution will, through its operation, be rendered more available than is possible at present for the general advancement of homœopathic therapeutics.

Finally, we rejoice at being able to look back upon our Bristol Congress of 1897 as one at which much useful work was done, where great good feeling prevailed throughout, and which everyone, who had been present, left with the consciousness that it was good to have been there.

SERUM-THERAPY AND ITS RELATION TO HOMŒOPATHY.*

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SERUM-THERAPY.

When we reflect on the changes that have come over the science and practice of the healing art during the present century, and particularly during the present reign, so much seems to have been accomplished in so short a time that we might reasonably expect medical science to go slower for a while and to take a breath. Yet in this decade we find in serum-therapy an important new departure, and one which is evidently destined to influence in no mean way the therapeutic methods of the coming century. New facts in its physiology and chemistry, new experiences and modifications in its application, new views as to its mode of action are so crowding upon us from all corners of the scientific and medical world that we are puzzled to know exactly what part it may legitimately play in our present treatment of disease, or to predict what new development it may take in the near future. That we, as homœopathists, are sharing in the general interest which it has aroused, is manifested by its introduction into our hospitals and private practice, as well as by the frequent appearance during the last year or so of contributions on the subject to our literature. Judging from the criticisms made and the opinions expressed therein, one cannot say there is absolute unanimity amongst us as to its mode of action or its utility. May I urge this fact as a valid excuse for again introducing this all too wide subject and presenting some up-to-date facts and views regarding it within the necessarily restricted limits of a paper to this Congress?

The Principle of Serum-therapy.

Briefly defined, serum-therapy may be said to be the actual or prophylactic treatment of a disease in man or an animal by injecting the blood serum from another susceptible animal in which has been produced the highest degree of immunity from that disease. Such a definition from its technical nature is not necessarily as

* A paper read at the annual meeting of the Homœopathic Congress held at Bristol, September, 1897. Illustrated by 24 lantern slides.

simple as it is brief, but I hope to elucidate its meaning as I proceed. By disease is here meant not only infection with disease-producing bacteria, but also intoxication with the chemical products of these bacteria. The underlying principle on which this therapeutic system is based is the recognition of the fact that all infectious diseases are caused—some without doubt, others presumably—by specific micro-organisms or bacteria.

These bacteria, growing and multiplying themselves in the tissues or blood of an animal, produce certain poisons called *toxins*. If the bacteria are grown outside of the body on suitable nutrient media, the same toxins will be produced. Each species of germ manufactures its own special *toxin*. If, further, the serum of the animal infected with the bacterium and made ill by the resultant toxin be further examined, it is found that after a time it acquires a certain property, namely, that of antagonising or resisting the *toxin* which had been formed in it, or may be subsequently artificially introduced.

The animal, in virtue of this new property of the serum, is said to become absolutely or in part immune to or protected from the further effects of the bacterium or its *toxin*. Moreover, if the serum of this infected and immunised animal be transferred to a healthy animal, it confers a similar immunity from the infection in kind, but not in amount. Such serum, endowed with its peculiar protective property, and known as *anti-toxin* or antitoxic serum, forms the active agent in serum therapeutics.

The principle, though theoretically applicable to all infectious diseases, has been as yet only successfully adapted and applied to the treatment of a few, and to diphtheria in particular. Therefore, in dealing with the various aspects of the treatment I shall more particularly speak of diphtheria, which fortunately may be taken as a typical example. May I therefore ask you to follow me through the various steps in the manufacture and therapeutic application of the diphtheria anti-toxin?

THE PREPARATION OF THE ANTI-TOXIN.

The various processes resulting in the production of *anti-toxin* are briefly—

1. Preparation of the *toxin*.
2. The immunising of the horse by means of the *toxin*.
3. The bleeding of the horse.
4. The separation of *anti-toxin* from the blood.

(1). PREPARATION OF THE TOXIN.

The toxin is prepared by growing the bacillus on ordinary beef bouillon, made extra alkaline, with the addition of 1 per cent. peptone. The bouillon is kept in several flasks holding 1-200 c.c. each. This is found to give better toxin than by keeping the whole in one large vessel. The bacilli used to inoculate the flasks are from a young growth of 24 hours on agar serum. The flasks, when inoculated, are placed in the incubating chamber at a temperature of 36° C. After the lapse of five days the amount of *toxin* is at its maximum. Various factors influence the amount of toxicity; the smaller the flasks, the stronger the toxicity. Certain kinds of glass also augment it, the exact reason being unknown.

The toxin is now filtered off from the bacilli by using a Berkefeld filter and exhaust pump. The fluid thus obtained is clear limpid and straw-coloured. Its strength is tested by finding what is the minimum fatal dose for a guinea-pig of known body weight (*i.e.*, 250 grams). This quantity usually varies from $\frac{1}{50}$ to $\frac{1}{70}$ of a c.c., or about $\frac{1}{4}$—$\frac{1}{5}$ of a grain.

What are toxins? They are supposed (1) to be excretions of the organism, *i.e.*, products of its internal metabolism; (2) to be substances which the organism manufactures in order to surround itself with a protecting environment and thereby to ward off the attacks of the leucocytes. Thus toxins are physiological means of protection for bacteria; protectors acting chemically just as bristles, teeth, prickles or stinging apparatus act as physical protectors to organisms higher in the scale.

In some instances the toxic agents are known to be intimately incorporated, if not identical, with the protoplasm of the bacterium itself. An example of this is the new tuberculin, which is prepared by grinding up the protoplasmic substance of the tubercle bacillus.

(2). IMMUNISING THE ANIMAL.

Having obtained the bacterial poison in its germ-free state, we can now proceed to immunise the animal from which the *anti-toxin* will ultimately be derived. The larger the animal the greater the amount of serum it will give. Also care must be taken that the normal blood of the animal is not injurious to man. The horse fulfils these requirements. The horses used are generally such as have been disabled from work by some injury or

weakness in limb. They are otherwise in good health, and are tested for freedom from tubercle and glanders by the use of mallein and tuberculin. The site for injection is usually the shoulder. The quantity of the toxin used is at first small, generally about .25 of a c.c., gradually rising each successive injection, every two or three days, the first few doses being 0.5, 1, 2, 3, 5, etc., c.c. This method is slow, taking many weeks in the early stage. An improvement has recently been introduced by Dr. Cartwright Wood. He found that if he prepared the toxin with ascitic bouillon, and heated it to 65° C., he could begin with a much larger dose, viz., 20 c.c. In three to four days he used 50 c.c. and so on, using 100 c.c., 300 c.c., and 600 c.c. at the end of 14 days, otherwise it took two months to reach this stage. These small doses of ordinary bouillon toxin, such as 2, 4, 8, 16, 30 c.c. etc., are alternated every three or four days with the large dose, till at the end of three months the animal reaches its maximum of immunity. The doses are limited to 650 c.c., as this quantity is as much as can be introduced subcutaneously without too much local reaction.

What happens to the horse when the toxin is introduced subcutaneously? First, there is a *considerable rise in temperature* for some hours, and secondly a considerable swelling at the seat of inoculation. This swelling is known as the *local reaction*. By it and the temperature the reaction of the animal to the toxin is known, and the successive rise in dose is modified in consequence. This local reaction is identical with the swelling and œdema that occurs in the throat and respiratory passages of a human patient suffering from diphtheria. The toxin is generated in the faucial membrane by the germs and is absorbed into the surrounding parts. Erlich has recently expressed his opinion that the toxin is composed of two substances, one he calls *toxin* and the other *toxoid*. *Toxin* is the lethal ingredient; *toxoid* produces the local reaction. *Toxoid* is found in small quantities in young cultures, but as the cultures become older they become less lethal, owing to the conversion of *toxin* into *toxoid*, while the property of producing a local reaction is increased. Hence, to prevent local reaction, the cultures producing the toxin must be as young as possible, viz., 5 days for diphtheria.

(8). BLEEDING.

The horse having been well immunised is ready for bleeding. But first, a word may be said explaining how the amount of immunity of the horse, or antitoxic value of its serum, is arrived at. It is done by drawing off from the vein of the horse small quantities of the serum from time to time, and introducing some of it into a guinea-pig along with one or more lethal doses of the toxin. The serum of the immunised animal is found to be able to protect a guinea-pig from a great many times the minimum fatal dose of toxin. For the operation of bleeding the horse, a portion of the neck over the jugular vein is shaved and made aseptic. A puncture is made through the skin into the vein by a scalpel. A canula, duly made aseptic, is introduced upwards into the vein and is attached to a rubber tube which empties into a sterile flask, plugged with cotton wool. The blood flows freely into the flask and in all about eight litres (seven quarts) are thus removed. The horse appears none the worse for the depletion. It is led back to the stable and given a hot mash in return for its services. The animals vary in the intensity of immunity they will acquire, and in the length of time they will continue to provide useful serum. They generally do so for about two years. Though the animal may remain quite immune, and may take an unlimited amount of toxin from time to time, yet the curve of anti-toxicity gradually falls to a low level after two years, when it maintains a definite but weak strength. From this it may be gathered that there must exist two different protecting substances, one which has to do with immunity and another with anti-toxicity. To maintain the immunity, etc., 650 c.c. of toxin are given weekly. Bleeding must not take place less than nine days after an injection. Otherwise, bleeding may go on as often as wanted.

I may here mention that in immunising animals for other diseases different times are in force. Thus in diphtheria, as we have seen, 650 c.c. of five days' old toxin is used; bleeding takes place nine days after. A seven-day culture is used in tetanus, and bleeding 17 to 20 days after. For streptococcus, a living culture 24 hours old is used, bleeding being three weeks after. For pneumococcus, a culture 12 to 18 hours is used, bleeding being in three weeks.

(4). THE SEPARATION OF THE ANTITOXIN.

The blood when drawn off is kept in ice for 24 hours, to allow the white and red clot to separate from the serum. It is then decanted into flasks previously sterilized; and to assist in preserving it for subsequent use, 2 per cent. carbolic acid is used. 100 c.c. of blood will furnish about 60 to 70 c.c. of serum. The colour of the serum should be clear straw-coloured if decanted within 48 hours. If left in ice longer it becomes red-tinted, owing to the hæmoglobin of the blood clot becoming dissolved in the serum.

The serum may be kept for use in the large sterile flasks, or may be at once transferred to the bottles in which it is issued to the public. Great care must be taken in the bottling process. It must be done aseptically. Green glass is used for the bottles and rubber for the corks. One person fills the bottles from a graduated burette. They are then passed to a second person, who takes a sterile rubber cork from a sterile bag and inserts it into the bottle. A third person dips the corked end into melted paraffin to ensure the exclusion of the air.

Standardizing the Antitoxin.

Each sample of antitoxin must be tested for strength. This is done by trying it against a standard toxin.

This so-called *standard toxin* is specially strong. Its fatal dose has been accurately determined by finding the exact amount sufficient to produce in a guinea pig of 250 grams. weight, death or a local reaction, or to allow recovery. The toxin can be preserved indefinitely if kept in an atmosphere of hydrogen, sealed with mercury. It is against a definite quantity (*i.e.* 10 lethal doses of this toxin) that the anti-toxin serum is tested.

For instance, 3 guinea pigs are taken of 250 grams., weight each. 10 lethal doses of standard toxin, together with a variable dose of anti-toxin serum, is introduced into each with results as in table:—

GUINEA PIG.	DOSE.	RESULT.
No. 1. (250 grams.)	10 lethal doses stan. tox. + .3 c.c. anti-tox. serum.	recovery.
No. 2. (250 grams.)	10 lethal doses stan. tox. + .25 c.c. anti-tox. serum	local reaction.
No. 3. (250 grams.)	10 lethal doses stan. tox. + .1 c.c. anti-tox. serum.	death.

Then we say that No. 1 guinea pig has received just as much antitoxin (.3 c.c.) as neutralises 10 lethal doses of toxin without local reaction. The local reaction was thus considered the test by Behring, whose method for standardising has been universally used. According to him, a serum of which .1 c.c. neutralises completely for a guinea pig of 250 grams. a tenfold fatal dose of standard toxin contains one normal anti-toxin unit. 1 c.c. of such serum would contain 10 units.

More recently Erlich has contributed a valuable paper on the subject. He urges death within four days as a more satisfactory test than local reaction. His normal serum is one of which 1 c.c. mixed with 100 times a fatal dose of toxin protects a guinea pig of 250 grams. weight from death within four days. His reasons for this proposed change are: (1) because local reaction is sometimes difficult to determine, and (2) *toxin* tends to become converted into *toxoid*. Toxin is the fatal principle; toxoid produces the local reaction.

Dosage.

The quantity of anti-toxin serum to be used as a dose in diphtheria depends on its strength, the stronger the serum the less the quantity required. To simplify matters, the necessary quantity of serum to contain 1,500 immunisation units is taken as the average adult dose, and is put up in bottles containing one or two such doses. A dose of 1,500 units may be repeated in 24 hours if necessary. 500 units is used for a child.

Injection.

The administration to the sick person is made hypodermically by a special syringe capable of holding 10 to 20 c.c. The syringe must be previously sterilised by heat, as also is the skin of the patient by soap and water, disinfectant, &c. The lower lumbar or inguinal region is mostly used. The spot should be protected by a little antiseptic dressing. A slight local œdema is produced, which lasts only an hour or two.

When it is necessary to keep the serum for some time, and particularly for sending it abroad, it is reduced to a dry form by evaporating in shallow dishes, in vacuo, over sulphuric acid. It is thus reduced to the form of yellowish rough scales. This is also put up in small phials containing one or two adult doses, and requires solution in water before use.

AN ANTI-TOXIN CAN NEVER PRODUCE ITS ASSOCIATED DISEASE.

One of the objections advanced against the injection of serum, is that it is possible to produce diphtheria and the diphtheric membrane by injecting anti-toxin. The answer to this is, that to produce the diphtheritic membrane one must have the bacilli of Klebs and Loeffler. No properly prepared anti-toxin can possibly contain any such bacteria. In the first place, no diphtheria bacillus ever enters the tissues of the horse, only the filtered toxin. Secondly, in cases where it has apparently occurred, a closer investigation has shown that the patient has been open to infection from other sources than the anti-toxin. Such a case was related in a recent issue of the *Homœopathic Review*, but an explanation exonerating the anti-toxin was forthcoming. Every precaution is taken as we have seen, to prevent any bacterial infection of the anti-toxin during the bottling process.

ANTI-TOXIC SERUM: ITS ORIGIN, NATURE AND MODE OF ACTION.

Origin.

Up to the present no definite and reliable explanation is forthcoming. As the active principle of the anti-toxic serum is neither isolated nor developed, and our knowledge of its chemical composition is in a similar unsatisfactory condition, it is impossible to do more than theorise on the matter. Were it possible to isolate the anti-toxic principle with the exactitude of the chemist in separating quinine or any alkaloid from its surroundings, we would be in a better position to form some definite idea of the precise manner in which its peculiar anti-toxic property acts.

Behring declares the anti-toxin to be a specific product of the body of the immunised animal, while Buchner and others hold that the same specific cell substance of the bacteria which produces the toxin is responsible for the anti-toxin and its peculiar qualities.

Emmerich considers that the destruction of the bacteria and their poison in the body of an immunised animal is due to the product of a combination of the globulin of the blood with the bacterial poison. Such substances he calls *immune-toxin proteine*.

Roux's vital theory ascribes to the bacterial poison a stimulating influence on certain cells which then produce the anti-toxin. He thinks it possible that the same cells which destroy microbes aid in formation of anti-toxin.

Hence we have a variety of views for the production of anti-toxin which may be classified thus :—

1. That anti-toxin is a specific product of the tissues of the immunised animal.

2. That it is produced from the cells of the bacteria and has the same origin as the toxin.

3. That it is a combination of some element of the blood with the toxin.

Nature.

With regard to the chemical nature of anti-toxin and similar immunising agents, only the following is known positively ; nitrogenous bodies, precipitated by saturated solution of $(NH_4)_2\ SO_4$, freely soluble in water, insoluble in alcohol, therefore not of alkaloidal nature, destroyed by heat over 60° C, therefore probably of enzymic nature, freely dialysable, converted into peptone and destroyed by digesting agents, colourless and amorphous, precipitated by all the heavy salts, lead acetate, silver nitrate, Millon's reagent, hence probably of the same class as globulins or albumoses.

Action.

The latest theory (Erlich) to account for their action is that they are of chemically active nature, the toxins being so likewise, and that when the two bodies meet a chemically and physiologically inert double salt is produced.

Effects in Health.

When, say, 50 to 200 units are injected into children for the purpose of rendering them immune to diphtheria, a certain number show no signs of any disturbance. In most there is a rise of temperature (100° to 103° F.) within 12 hours, which falls to normal in another 24 hours. Occasional transitory and slight attacks of albuminuria may ensue. Very often urticarial or erythematous rashes appear to pass away again. Such may be said to be the usual physiological results of injection. But occasionally some serious complications ensue, and even fatal results, and that too from small

doses. Therefore the proposal to immunise children not already attacked by diphtheria is not one to be lightly entertained, and all aspects of the question must be duly considered before definite action is taken. That the serum does confer immunity is beyond doubt. Many statistics show the advantage of immunising children in institutions where outbreaks of disease have begun or are threatened.

Effects in Disease.

By this is meant the beneficial influence on the course of diphtheria, and on the mortality particularly.

(*a.*) *Mortality.* The influence of the serum treatment on the mortality is estimated by comparing the results obtained in the fever hospitals before and after the introduction of the serum treatment, and preferably in those where all cases have been submitted to the treatment. This does not obtain in the London Metropolitan Asylums Board Hospitals. Only certain cases are submitted to serum treatment; hence the difficulty of instituting an exact comparison between the serum and non-serum treatment in our own country. In certain Continental hospitals serum treatment has been applied to all cases admitted, and thus a fair comparison may be made.

Table I.

Diphtheria mortality for seven years *before* and two years *after* introduction of serum treatment.

(Ganghofner).

Year.	Cases.	Deaths.	Mortality per cent.	Operated Cases.	Deaths.	Mortality.
1887	211	126	60·6	124	97	78·2
1888	240	136	54·6	162	125	77·1
1889	254	131	51·6	160	100	62·5
1890	224	108	48·8	162	86	53·0
1891	198	95	49·2	139	93	66·9
1892	256	116	45·3	144	94	65·2
1893	220	96	42·6	127	76	59·6
1894	278	79	28·9	120	50	41·6
1895	264	46	17·4	80	25	31·2

Table I. gives us the diphtheria mortality for seven years before and two years after the introduction of

serum-therapy in the clinic of Prof. Ganghofner, of Prague. It shows an average mortality for four years before to be about 40 to 50 per cent.; then follows a sudden drop to 28 per cent. in 1894, the first year of serum treatment, and to 17.4 per cent. in the second serum year. A similar fall is seen in the operated cases which include both tracheotomy and intubation, the latter procedure being usually preferred on the Continent.

TABLE II.

500 Cases of Diphtheria treated by Serum by Professor Ganghofner (Univ. Prague).

Age.	Number of Cases.	Deaths.	Mortality per cent.	Operated Cases.	Deaths.	Mortality per cent.
Under 2 years	124	26	20.9	48	18	37.5
2 — 4	162	25	15.4	61	16	26.2
4 — 6	119	15	12.4	33	4	12.1
6 — 8	62	7	11.2	8	2	25.0
8 —10	18	0	0	3	0	0
Over 10	5	1	6.0	1	0	0
Total ...	500	74	14.8	154	40	25.97

Table II. gives an idea of the mortality with and without serum in the same cases (500) in Ganghofner's clinic, arranged according to age. Very striking is the great mortality in children under four and five years. Also note the low mortality over ten years.

TABLE III.

Table showing Diphtheria Mortality with and without Serum.—Baginsky (Berlin).

Age.	1890—1894. (No Serum).	1894—1895. (Serum).	1894. (No Serum).
0— 2 years	63.3 %	25.2 %	75.0 %
2— 4 ,,	52.8	17.1	67.2
4— 6 ,,	37.9	17.2	50.9
6— 8 ,,	27.4	11.3	27.2
8—10 ,,	19.3	5.1	20.0
10—12 ,,	15.0	10.0	—
12—14 ,,	13.9	13.3	—

Table III., by Baginsky (Children's Hospital Berlin), a noted writer and worker on the subject, gives a contrast of treatment with and without serum. Note again the high mortality under four years. In the middle of serum treatment in 1894, the supply of serum ran out, and for August, September, and part of October, 126 cases were treated without serum and the mortality rose to 48 per cent.

The same thing occurred at Prague in 1894. The serum gave out in August, end of October, and beginning of November. 144 cases were treated without serum, 129 with serum. The mortality in those without serum = 48 per cent., with serum = 13.17 per cent.

Thus, two observers, owing to the scarcity of serum in the first months of its trial, had by stress of circumstances forced upon them a comparison between the results of serum and the non-serum treatment. The selection of cases being thus purely accidental allows us to draw valuable conclusions from the results obtained. In Baginsky's double series there was an advantage to serum treatment of 29.83 per cent. in diminished mortality, while Ganghofner's cases showed a similar improvement of over 25 per cent.

Valuable testimony to the efficacy of serum treatment is afforded by the statistics from private practice collected by the American Pediatric Society. The mortality in 5,794 cases was 12.3 per cent. It was also determined that the type of diphtheria dealt with by serum differed in no way from that of previous years, so that, on the whole, average diphtheria was dealt with.

It was also found that many cases of laryngeal stenosis subsided when otherwise intubation would have been necessary. Of 533 intubated cases there died 138, viz., 25.9 per cent.; of 32 tracheotomies 12 died, viz., 37.4 per cent. These results contrasted favourably with the non-serum results, published in 1892, of McHaughton and Madden, whose 5,546 collected cases of intubation (without serum) gave a mortality of 69.5 per cent. The best American results of intubation without serum had hitherto been 51.6 per cent. (Dillon Brown). Thus, it appears that on intubation cases alone, serum treatment diminished the mortality by 14 to 32 per cent.

Endless examples might be cited showing similar favourable results and thereby placing the superiority of

serum treatment beyond the shadow of a doubt. A large mass of convincing statistics are collected in the *Medical Annual* for 1896.

The influence of serum treatment, according to the day of disease on which it is begun, is shown in Table IV., where the percentage mortality with and without serum on stated days of disease is given :—

Table IV.

Diphtheria.

Influence of the Time at which Serum Treatment begins, indicated by Mortality per cent. on stated days of disease.

Observer.	Serum or not.	Days of Disease.											
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Heubner.	Serum weak or none		36.	57.	43.	50.	50.						
	Serum strong.		6.	4.5	5.5	16.	25.						
Lond. Fever Hospitals.	No Serum, 1894.	22.5	27.	29.	31.6	30.8							
	With ,, 1895.	11.7	12.7	22.	25.	27.							
	With ,, 1896.	4.7	12.8	17.7	22.5	21.6							
Ganghofner.	With Serum.	0.	8.4	14.2	17.0	18.1	16.6	21.0	ove	r7th	day	25%	
Baginsky.	With Serum.	2.7	10.4	14.1	23.	35.9	30.7	25.	33.3	50.	33.	100	33

If treatment is begun on the 2nd day, Heubner's results give a reduction of 30 per cent., and in the London Fever Hospitals 14.3 in 1895, 14.4 in 1896. It is evident, therefore, that the later the treatment is begun the less the reduction in mortality. This fact, in great measure, explains differences in the total results obtained by various observers. Some hospitals are able to get cases early, others get them later, and so are not able to begin treatment at the most advantageous time.

Influence on the Temperature.

The temperature chart of diphtheria is so atypical and irregular in its character that it is impossible to compare to any advantage the charts with serum and without. Usually, about the 3rd or 4th day, with full development meantime, the temperature may fall to normal. Some observers have noticed a direct fall of temperature after injections, others have not been so fortunate. On the whole, the conclusion must be that if any immediate

reduction in temperature is due to anti-toxin injection it is not definite or universal.

(Here were shown 8 charts from cases in L. H. H. with fall after injection, though not immediately in all three. They served rather as examples of how the temperature curve may be expected to run in favourable cases under serum treatment.)

Complications following the Use of Serum.

Table V.

Complications probably connected with Anti-toxin (London Metropolitan Asylums Board).

Complications.	Percentage on Total Cases.	
	1895.	1896.
Rash...	45.9	35.2
Joint pains	4.7	6.5
Pyrexia, with or without rash or pains	29.6	19.8
Abscess at site of injection...	2.6	1.2

Table V. gives the relative frequency of the more common complications as noticed in the London Fever Hospitals in 1895 and 1896. It may be noted that in the thousands of cases treated, in none was a diphtheria membrane produced at the seat of injection. This gives an absolute denial to the suggestion that such an infection may so result. The abscesses which did occur are to be accounted for by the acknowledged difficulty of thoroughly disinfecting the skin before hypodermic injections.

Albuminuria and anuria are conditions attributed to the anti-toxic serum. But this is unfair, as it is well-known that the injection of any serum may cause transient albuminuria. Naturally the effect on a kidney already labouring at the excretion of toxic waste in a severe case of diphtheria may not be exactly beneficial. Such a drawback is, however, of infrequent occurrence, and any damage done must be reckoned against the gross benefits to be derived from the serum.

Criticism on Serum-Therapy.

The detractors of the serum-therapy make several allegations—one is that the improvement in mortality

is due to some other cause than the serum treatment. That there is a decided diminution of mortality there cannot be a shadow of a doubt, after reviewing the statistics I have just shown you. There are, of course, those who deny, or have denied, the reduction of mortality; chief of these is Mr. Lennox Browne, who compared two series of 100 cases each, treated at a Metropolitan Asylums Board Fever Hospital in 1894, just when the treatment was first brought into use; one series had the ordinary, the other the serum treatment. The result was a like mortality in both. I contend that in view of the beneficial results obtained where thousands of cases are considered, that Mr. Browne's choice of 200 cases has been unfortunate. Yet, on the results of these 200 cases, results which are worse than any yet published, he bases the whole of his argument against the treatment; for in dealing with the various points of complication, anæmia, condition of membrane, paralysis, etc., he quotes, to prove his point, statistics from these 200 cases. Mr. L. Browne has this year issued a postscript to his book. He still stands by his original 200 cases in spite of statistics published since the appearance of his book almost two years before, statistics covering thousands of cases and bringing out a greatly reduced mortality as we have already seen. There are, however, in his postscript certain indications that after all he is now inclined not to think so badly of the treatment and to concede to it a certain degree of utility.

Comparison of Homœopathic Methods with Serum Treatment.

This naturally is a subject that should interest us much more than the comparison with allopathic treatment, for what homœopath does not declare that he has had unusual success in the treatment of diphtheria! Some senior homœopathic friends of mine declare that they hardly ever lose a case of diphtheria. Such statements may be valuable when you know the individual who gives the information, but scientific method requires more conclusive proof. It requires statistics which are reliable. Unfortunately, such in homœopathic practice, are not readily forthcoming. I have no doubt our American friends can show good results, but I would

content myself here by placing before you the diphtheria statistics of our own hospital in Great Ormond Street, London. I am indebted for the collection of these statistics to Dr. Hervey Bodman, the son of one of our hosts of to-day. He has had charge, as house physician, of the majority of the serum cases, and by personal knowledge of each case he has been able to classify it as slight, severe, etc.

TABLE VI.

Diphtheria Cases at London Homœopathic Hospital. 10 months, 1896—1897.

		Recovered.	Died.	Total.	Mortality per cent.
All cases, 26.	slight	6	0	6	0
	moderate	11	0	11	0
	severe	6	1	7	14.2
	moribund	0	2	2	100
	Total ...	23	3	26	11.6 p.c.
Anti-toxin 13.	slight	0	0	0	0
	moderate	7	0	7	0
	severe	5	0	5	0
	moribund	0	1	1	100
	Total ...	12	1	13	7.6 p.c.
No Antitoxin, 13.	slight	6	0	6	0
	moderate	4	0	4	0
	severe	1	1	2	50
	moribund	0	1	1	100
	Total ...	11	2	13	15 p.c.

Table VI. shows all cases of diphtheria treated at the London Homœopathic Hospital for 10 months (1896-1897). Some were treated with serum, some without. The total mortality is 11.6 per cent., an unusually low one. Most cases had, however, in addition to serum treatment the usual homœopathic medicines.

TABLE VII.

Total Diphtheria Cases since 1892 Treated at London Homœopathic Hospital.

	1892—1896 (Oct.). No Anti-toxin.	1896 (Oct.)—1897 (Aug.).	
		No Anti-toxin.	Anti-toxin.
Number of cases ...	41	18	18
Mortality per cent....	29.2 per cent.	15 per cent.	7.6 per cent.

Table VII. contrasts these results with the homœopathic treatment of former years. From the two tables we may deduce the following:—

1. That pure homœopathic treatment before 1896 gave a lower mortality than the old school treatment.

2. That homœopathic treatment combined with serum treatment gives a lower mortality than the average serum treatment aided by allopathy.

Of these results we, as homœopaths, may justly be proud.

RELATION OF SERUM-THERAPY TO HOMŒOPATHY.

We now come to the more debatable part of the matter which I have chosen for consideration. What has been already dealt with can be submitted to the tests of the laboratory expert, the clinical observer and the statistician. We must leave the realm of fact and phenomenon for that of speculation and theory. In that domain I must admit I am not so much at home, and when I see before me old and tried veterans in the field of homœopathic theory and practice, I feel that to them rather belongs the right of entering the lists in the defence and vindication of homœopathy against serum-therapy. If, however, it can be made clear that these two pathies are not really at variance, but are both regulated by the same underlying principle, I shall gladly do my part in the campaign.

MODE OF ACTION OF A HOMŒOPATHIC REMEDY (ARSENIC)

It is a difficult matter, indeed, to formulate any universally recognised acceptation of the mode of action of drugs applied in accordance with the homœopathic principle. That they do act beneficially when used thus

we do know, but in what way they act we are not quite prepared to say. The general opinion, however, is that the dose of that drug which pathogenetically is as near the simillimum of the disease as it is possible to be, acts in some dynamic way upon the tissues of the body, and more particularly upon the diseased tissues, and thereby, (1) either excites the cell to increased resistance against, or (2) antagonises and cancels the morbific agent. In whatever way we look at it, there can be no doubt that the action centres round the protoplasmic units, the cells of the organism.

Thus, to take a concrete example, we know that ARSENIC is the simillimum to the symptoms of certain forms of eczema. ARSENIC will produce that disturbance either in the cellular elements or in the trophic nerves and nerve centres of the skin which call forth the pathological changes and subjective phenomena of eczema. If, then, we administer arsenic in an idiopathic case of eczema, we expect to find, and we do find, that the eczema has been influenced by the drug, that, (1) in some way the cells of the part or the controlling nerve cells have been stimulated to antagonise the morbific agent, and that they once more make for normal function; or (2) that the arsenic in its dynamic form actually cancels or neutralises the morbific principle itself as it is acting on the cell. Such, I presume, you will admit is a fair statement of the case as far as we know it.

MODE OF ACTION OF ANTI-TOXIN.

Let us now make a corresponding analysis of the action of ANTI-TOXIN. Those who have practically studied the phenomena attending its use, and have also a practical acquaintance with its chemistry and physiological action, are disposed as we have seen to take varied views. But they agree that as a result of the action of the toxin on the cell elements there is produced a something—an ANTI-TOXIN—which neutralises and cancels the action of the toxic poison, or combines with it to form an inert compound. According to another view it assists the cells to resist the lethal action of the toxin.

Graphically, we might compare the action of the drug as used homœopathically with the process of toxin and anti-toxin in the way depicted here.

Schema Comparing the Action of Arsenic in Eczema and Toxin (through antitoxin) in Diphtheria :—

ARSENIC :—	TOXIN DIPHTHERIÆ, (a product of the Loeffler Bacillus.)
1. *Produces* by large or toxic doses the group of symptoms known as, or similar to	1. *Produces*, when absorbed from the tonsil, the group of symptoms known as
ECZEMA.	DIPHTHERIA.
2 Also if *administered to diseased man* in small doses (homœopathic)	2. Also if *administered to the horse* (hypodermically) in doses oft-repeated, small at first, larger afterwards,
produces as the result of its action on the living tissues an	*produces* in the blood of the horse a substance known as
ANTIDOTAL SUBSTANCE OR ACTION,	ANTITOXIN,
which *remaining in the diseased individual* antagonises or cures	which, *removed and introduced into a diseased child* antagonizes or cures
ECZEMA,	DIPHTHERIA,
the disease from which he suffers.	the disease from which it suffers.

If we accept this schematic presentation as fairly truthful—though crude it may be—we can easily see a parallelism between the two. It is interesting and instructive to determine the homologous factors in the series. We find that antitoxin cannot be compared to a drug used homœopathically, but to a something—whether a material substance or an action I cannot say—which is produced in the tissues of the body as a result of the drug action. I hold that the two series are parallel in plan and homologous in their parts; and that if we take the arsenic schema as an illustration of homœopathic action, we must also accept the toxin schema as homœopathic in principle. But we must definitely understand that the antitoxin now used as a therapeutic agent is not homologous to the trituration or tabloids of arsenicum 3x. By taking advantage of the laboratory of nature we have got a step further in advance, and are able to lay hold of and use a curative something which is a result of the drug action.

And now let us consider the *Mistaken Use of Anti-toxin by some Homœopaths*. We know there have been, and possibly there may be now, homœopaths who have taken the anti-toxin and made an attenuated preparation. This they have used in treating diphtheria, and have even said that favourable results have ensued. If, instead of abusing the anti-toxin, they had made similar preparation and use of the toxin, I do not deny that they would be acting in strict accordance with homœopathic, or at least isopathic principles, and would in all probability get a good result. The antagonism of the anti-toxin or disease-curing principle to the toxin or disease-producing principle is so clearly demonstrated by the test in animals that no one can possibly compare them in character or pathogenetic effect.

There are many other points and side issues bearing on the whole matter of serum-therapy to which I would gladly have referred, but time will not permit, though by excluding all reference to them my paper is, I know, far from complete. If, however, any of these debatable points should arise, I shall have much pleasure in referring to them in my reply.

In conclusion, let me express my own convictions on the subject of serum-therapy and I trust that they will find an echo in the views of the majority of my hearers. These conclusions are in brief:—

1. That serum-therapy in diphtheria is an improvement on ordinary treatment.
2. That it is an improvement to a less degree on homœopathic treatment.
3. That anti-toxin itself is not comparable to a homœopathic remedy, but that the toxin is so comparable.
4. That serum-therapy is therefore based on the homœopathic principle, and is another example of our guiding precept:—*Similia similibus curentur*.

Discussion.

The President: I understand that Dr. Johnstone wishes to make a few remarks before the discussion.

Dr. Johnstone: I want to say with regard to the relation of serum-therapy to homœopathy, that I hold that the use of the anti-toxin itself as a drug is not an example of choosing a drug according to homœopathic principles, but that the whole

principle underlying its production and selection is homœopathic. The whole principle is homœopathic, but not the actual use of the anti-toxin itself.

The PRESIDENT: I think the meeting might have spared those remarks, because Dr. Johnstone put that matter so very lucidly before us that I think we all grasped his meaning before. The matter is now open for discussion. As an introduction to the discussion, I would just like to suggest a remarkable point that struck me, and which I am informed is in accordance with the facts of the case, viz., that the anti-toxin is really a very favourable medium for the growth of the germ. Dr. Johnstone will tell you if that is so or not. If that is so, it is a most remarkable instance of the poison finding a suitable medium of growth in the element that proves its own antagonist. It is a very singular thing that the diphtheritic germ grows abundantly in the diphtheric anti-toxin.

Dr. DYCE BROWN: I think, in the first place, we must cordially join Dr. Hughes in thanking Dr. Johnstone for his most admirable paper. I will not, however, enlarge upon that point, as the time is short, and the President requests that no one should speak for more than five minutes. This subject of serum-therapy is an exceedingly important one in its relation to homœopathy. I have expressed my views more than once upon the question at the British Homœopathic Society, and those views have been controverted in the *Monthly Homœopathic Review* and other places—my view being similar to Dr. Johnstone's, but perhaps going a little further, viz., that the principle of serum-therapy is essentially homœopathy, and that it is analogous to what I consider is one of the most beautiful pieces of homœopathy we have, *i.e.*, vaccination. The poison is not directly introduced into the system of the patient—that is the first thing to observe. It is passed through an animal, which does not show symptoms of being able to reproduce diphtheria. Being passed through this animal it becomes (as Dr. Johnstone has told you one of the principal writers on the subject, Behring, concedes) a specific third thing, different altogether from the poison of the diphtheria; being passed through an animal which has not shown itself capable of producing diphtheria, it is so modified as to become similar to the vaccine virus in vaccination. It becomes really a specific thing of itself, which produces in the horse, not diphtheria, but a state of disturbance analogous thereto. We saw from Dr. Johnstone's paper that after the injection of the anti-toxin into the horse, a swelling was produced at the part, which Dr. Johnstone describes as identical, practically (he did not use that exact

word—I should not go that length—it is not identical) with the swelling of the throat in diphtheria. I should say it is not identical, but similar to it. You have a similar swelling, so similar that Dr. Johnstone describes it as identical, produced by the injection of this anti-toxin. You have a state of fever produced, and altogether a systematic disturbance, showing that there is a sort of susceptibility to kindred disturbance. You have the swelling and the fever, but it does not amount to a producing of the actual disease. That is just what we want in a substance which acts homœopathically, as in vaccination. In vaccination, the poison of the small-pox, if it is injected into a calf, produces, not small-pox, but a vaccine vesicle. (These facts are incontrovertible; they are produced and reproduced in that interesting number of the *British Medical Journal* which was devoted to the Jenner Centenary.) That (the vaccine vesicle) has been found several distinct times, though you do not find it always. But it has been produced sufficiently often to constitute a demonstration of the fact, as fact. Well, you have this substance injected into the animal, and you get a totally different result. You don't get small-pox produced, but you have a similar thing. The vaccine vesicle and the lymph from this is the agent that not only constitutes a prophylactic against small-pox, but as there is ample evidence from experiments to show, affords a marked power over small-pox itself. If given too late or too strong, the disease is aggravated, but if in sufficiently weak solution this power is produced. Here we have a correspondence with serum-therapy. (A Voice: No). Pardon me, but may I suggest that other gentlemen will have an opportunity of expressing their opinions later; I am only giving you mine. You have the poison of the disease prepared and modified, passed through another animal, and reproduced in a different form, acting as a curative agent. In his paper, Dr. Johnstone spoke of one or two cases where, in children, the injection of the poison had been followed by a diphtheritic membrane at the part, or the appearance of a diphtheritic membrane, something analogous to it. Well, here you have a still further evidence of the homœopathicity, the near relation of the curative point to the actual disease. Dr. Johnstone said it could not have been produced by the virus, because there was no actual bacillus present to produce it; it was simply the serum prepared from that. I maintain that this tends still further to strengthen my argument. Dr. Johnstone also said it must have been produced from some other diphtheritic infection. That, of course, is begging the whole question, unless you can give me a proof that these cases of, seemingly

—we will call it either diphtheritic or pseudo-diphtheritic—membrane were actually exposed to a separate risk of infection. I am entitled to dispute that statement as a mere piece of theory, and to say that, on the contrary, it must have been due to the poison that was injected as a means of cure. It brings still more to the front the similarity of the effects of the poison to the disease we have to cure. I know that many of our colleagues dispute the homœopathicity of vaccination. To my mind it cannot be disputed, and I regard it as one of the most beautiful examples of homœopathy we have to show. All other serum-therapy I believe comes under the same rule. They are pieces of pure homœopathy. There is one other point I might also allude to, which is rather an important one. Dr. Johnstone, in showing us his interesting table, stated that the anti-toxin which he had in one column, and the arsenic in another, were not homologous. Well, they are not homologous, but they are analogous. I maintain that the arsenic, when it is introduced into the system as a medicine, acts in a way—well, we will not go into theory—acts in a certain way, curatively. Here, again, you have a poison, not a toxin, but prepared from a separate thing, which you introduce into the system, and which is practically a medicine, in the same way as the vaccination virus in vaccination. I am exceedingly glad to have my views supported, to a very large extent, by Dr. Johnstone's most able paper, and I still adhere, more strongly than ever I did, to my view that serum-therapy, particularly in diphtheria, and, I believe, in hydrophobia and other things, is essentially homœopathy.

Dr. Madden: I am glad we have got to the most exciting part of the discussion at first, because I think this is the point we shall be most interested in as homœopaths. I thank Dr. Johnstone very heartily for the most able and lucid way in which he put the matter before us. I still think that Dr. Dyce Brown is making the exact mistake which Dr. Johnstone warned his hearers and others against in his paper. He is confusing between toxin and anti-toxin. (Hear hear, and Dr. Dyce Brown, "No.") He has illustrated to us, as analogous to vaccination, the result of injecting a considerable dose of toxin into the horse. The effect of that is to produce a condition somewhat similar to diphtheria. We do not use that same substance, either in bulk or in dilution, for the cure of diphtheria, but we use a totally different substance, which is produced in the body of the horse, as a natural antidote to the toxin. That substance, called anti-toxin, has never been known to produce symptoms of diphtheria. Dr. Johnstone mentions that it has, in from one and a half to two per cent. of the cases, produced simple diseases, and he was care-

ful to insist that they were not diphtheritic diseases, and that there was no membrane in the case whatever. The substance which is used to cure or to antidote the infection of small-pox *does* produce a disease in the child analogous to small-pox. The effect of vaccination on those who are very susceptible to it, is to produce a general vaccinal rash over the whole body, and to produce vesicles in the direct spots where the inoculation is performed, very analogous to—quite sufficiently so to be called the simillimum of—small-pox. But when you inoculate with diphtheria anti-toxin you get nothing whatever analogous to diphtheria: it is a totally different thing. The idea of using anti-toxin is to introduce, artificially made in another body, to wit the horse, an antidote to the poison. It is also fair to suppose that the effect of giving a medicine whose action is similar to that of the diphtheria poison, is to stimulate the body to the formation of an extra supply of its own anti-toxin, whether in a healthy person or in one who is already subject to diphtheria. Both these methods then produce the same result, namely, giving the patient an additional supply of the anti-toxin, or antidote, to diphtheria, but in the first method this is injected ready-made, and in the second he is enabled to produce it in his own person. It seems impossible to make others, who have taken up the idea of serum-therapy being homœopathic, see it in that light, but it is as clear as the alphabet to me, and I know that Dr. Johnstone agrees with me entirely that it is not an example of homœopathy. To get homœopathic action on that line you must take the toxin, and not the anti-toxin. (Applause.)

Mr. Knox Shaw: I should like to ask Dr. Johnstone to clear up one point which will make a great deal of difference to the discussion, and will influence a good deal what Dr. Dyce Brown has said. This question of creating diphtheria at the seat of infection is an important one, and we should know, first of all whether the patient in which this diphtheritic infection occurred was already the subject of diphtheria; because we know perfectly well from our experience in surgery that wounds of any sort are extremely prone to take on diphtheritic infection. You may get diphtheria of any wound if the diphtheritic poison is in any way brought into contact with it. We have very carefully to eliminate any source of infection of the wound before Dr. Dyce Brown can claim the origin of diphtheria at the seat of inoculation of the wound as an argument in favour of the anti-toxin being capable of creating the true diphtheritic disease. I thought that if Dr. Johnstone would answer that now, it would clear up a good deal that is obscure, and tend to the elucidation of the question at issue.

Dr. JOHNSTONE: Thousands upon thousands, probably amounting to a million, inoculations have been made of the anti-toxin serum, and surely out of that enormous number there would have been forthcoming a good many cases of diphtheria at the seat of inoculation if what Dr. Dyce Brown has suggested is correct. As a matter of fact, diphtheria at the point of inoculation is almost entirely unknown. There are only one or two cases reported, and they are from places far distant. One was in Australia. Probably it was a man who knew nothing about toxin or anti-toxin, and perhaps he does not know a diphtheritic membrane when he sees it. There is absolutely no foundation for saying that the anti-toxin can produce diphtheria at the point of inoculation. With regard to another point, Dr. Brown said that when the toxin is introduced into the horse (the *toxin* I am speaking of now) it does not produce diphtheria. I say it does. What is diphtheria? Diphtheria is the poisoning of the body by the poison generated by the bacillus. In the one case the poison is generated in the membranes of the throat and is absorbed into the body; in the other case we manufacture the toxin, and inject it into the body of the horse. They are both cases of diphtheria, raising the temperature, and producing among their effects paralysis of the heart and nerves, and various other things. The case of diphtheria in the child is identical with the poisoning of the horse with an over-dose of toxin.

The PRESIDENT: In order to clear up your point, may I ask you to go a step further, to tell us if anything analogous to a diphtheritic membrane is produced in the horse?

Dr. JOHNSTONE: No, nothing. The only thing analogous to a diphtheritic process is the local reaction. That may be compared—in fact, is produced, by the same thing as the stenosis and swelling of the mucous membrane in the throat.

Dr. DYCE BROWN: And that is identical, of course.

Dr. JOHNSTONE: They are not identical; that is to say, the swelling on the horse's shoulder is the same thing as the swelling of any part of the mucous membrane. That swelling in the child's throat is not the diphtheritic membrane. The membrane is one thing; the swelling produced is another.

Dr. DYCE BROWN: And yet they are identical!

Dr. JOHNSTONE: No, the membrane and the swelling are two different things altogether.

Dr. STOPFORD: To my mind, the point to know about diphtheria is this: The Klebs-Loeffler bacillus inoculated into an irritated mucous membrane will give diphtheria; the toxin inoculated into an irritated mucous membrane will not except so far as it will give the analogous diphtheria

which is obtained by the inoculation of the anti-toxin into the horse. The bacteria give rise to the false membrane by the products manufactured by them, but the toxin generated by them, if I may use that term, is the poison which kills. It is the poison which gives rise to the paralysis of the heart and so forth. To my mind the title of Dr. Johnstone's paper is a misnomer. Instead of being *Serum-therapy, and its relation to Homœopathy*, it should have been *Serum-therapy, and its relation to the Homœopathic Treatment of Diphtheria;* because serum-therapy with regard to any other treatment is so far in its infancy. It is not an unknown quantity, but it is an incalculable quantity. None of the other serum-therapy, as far as I can learn, affords really safe grounds to go upon. With regard to the homœopathicity of the serum injected into the horse, I could not for one moment think that it was homœopathic to diphtheria. It produces the effects of the result of the bacillus of Loeffler, but it is only analogous to the case of the Tyrolese arsenic-eater. The Tyrolese arsenic-eater tolerates arsenic because he is continually taking it. The horse tolerates anti-toxin because it is continuously injected into him. The explanation is simply this—that he is taught, or rather his life-blood is taught, to tolerate a poison till he becomes saturated with it, and so far further he cannot go. The Tyrolese peasant flourishes on arsenic, the horse flourishes on the injected anti-toxin. So far I have not made much use of the serum for the treatment of diphtheria, but to my mind the serum injected and the homœopathic remedy is the true treatment we should adopt. But we homœopaths have so far been able to do without it, as our death-rate from diphtheria has been infinitely below that of the allopaths. (Hear, hear.) We have not been obliged to depend so much upon extraneous methods as the allopaths, but that is no reason why we should not be perfectly willing to take up serum-therapy when it is proved conclusively, as Dr. Johnstone has proved, that it is capable of being one of our greatest mainstays in the treatment of a very dreaded disease. I appreciate Dr. Johnstone's paper very highly, and thank him heartily for it. But one point that also strikes me is that, previous to serum-therapy coming into vogue, a great majority of throats were classified as diphtheritic when they were probably not diphtheritic at all, and a great number of throats that were diphtheritic were never recognised as such until the patients were dead. I do not think it would be right to inject a certain number of units of this powerful serum for every small case of irritable throat, and so produce

albuminuria, which it is said will kill, and Lennox Browne says will disable the kidney so that it will never recover itself. Lennox Browne is so high an authority that I should not like to inject serum indiscriminately.

Dr. Neatby: I should like to say, very briefly, that I do not think that we are really doing justice to the lucidity with which Dr. Johnstone placed things before us, when members can talk about injecting *anti*-toxin into the horse, as two members who have already spoken have persistently done. (Hear, hear). I am only speaking in defence of the lucidity of the paper. I do not want to enlarge on the subject of the paper itself, because I am free to confess that I knew almost nothing about it when I came here. But it has been made clear, surely, that it is not the *anti*-toxin, but the *toxin*, which is injected into the horse (hear, hear); and so far as I can gather from Dr. Johnstone's excellent parallel, in the one instance we use the antidotal agent produced by the animal, and in the other case it is produced inside the patient's body. Taking Dr. Johnstone's example of arsenic on eczema, the antidotal or curative agent or action is produced in the body, and in the other case it is produced outside the body. In both cases it does its work when it gets inside; one being already inside, and the other being inserted.

Dr. Nankivell: So many points have been brought forward and so many thoughts suggested by Dr. Johnstone's excellent paper, and by the discussion in which we are now engaged, that one's brain almost reels before the number of new questions opened up. I think that there might be a succession of experiments, which might help us very much to a solution of these most difficult questions. In the first place, you will notice that the testing of the power of the anti-toxin was done on guinea-pigs. The toxin and the anti-toxin are injected at the same time in different quantities, and the power of the anti-toxin is determined by the quantity required to make the animal immune. I asked Dr. Johnstone as to whether the two were mixed together before the injections or not. He was not quite clear whether they were or not, but said that they were injected into the body of the guinea-pig at the same time. So that they had, so to speak each a live start as to what effect they would produce on the system of the guinea-pig. Now, in comparing, as Dr. Dyce Brown did, this special treatment of diphtheria with the treatment of small-pox by vaccine, it would seem to me a wise thing to find out (how it is to be done I don't quite know), to find out the effect on a given organism of an injection of vaccine, and an injection of small-pox poison at the same time. One would like to know which

would obliterate the other—whether the vaccine only would show itself, or whether the small-pox would develop and show itself. If we did that we should have a certain basis from which to start; a certain basis from which we could compare the two poisons and their action. Then, again, there comes another point, *i.e.*, whether the treatment of diphtheria by an attenuation of toxin might be as successful as, or more successful than, the injection of anti-toxin. (Hear, hear.) I think that is a point which very, very much demands elucidation. Of course there can be no question whatever that toxin is the active principle in diphtheria, and if we can give attenuations of the toxin and get good results from it, we might, so to speak, get rid of all this serum-therapy (hear, hear), which is not without its objections. (Applause.) Then there is a third point I wish to suggest, and that is: What effect has the anti-toxin when it is injected into the sick person? It sends up the temperature, doesn't it? (Dr. JOHNSTONE: Yes.) It has a very distinct effect on the body of a sick person as on the body of a healthy person. We are told that the aspect of the fauces is of course no real test as to whether a given organism has diphtheria or not. (Dr. JOHNSTONE: Quite so.) Then are you quite sure that anti-toxin itself never produces diphtheria? We do not know what anti-toxin really is? It exists in the serum of the blood of a horse, into which for three months an enormous amount of toxin has been injected. Is any toxin left in this blood? You cannot tell. (Dr. JOHNSTONE: We can test it on animals.) But you test it *simultaneously with* the toxin. You inject the toxin and the anti-toxin. (Dr. JOHNSTONE: We can test it without as well.) Well, you can test it without as well, and that ought to be done. What is it? (Dr. JOHNSTONE: I cannot tell you. Nobody can.) In the next place, I would say that there is a possible source of error in the very name that has been given to it. The effects are "anti," and yet we say that the thing itself is anti-toxin. It may not be "anti" at all, but a very dilute toxin. (Hear, hear.) But directly we apply names like that we at once begin to encircle the substance with a given number of magnificent properties. I shall say no more about the subject, because I know very little about it; but I think that if these few points were elucidated it would help us to a more strict and scientific idea of what it is we have to grapple with in serum-therapy. (Applause.)

Dr. SPEIRS ALEXANDER: It seems to me that the anti-toxin is in all probability a highly-diluted form of the toxin. We have this toxin injected into the horse during three months, and who can tell what changes are going on in the horse during

that period? At any rate, it is certain that when it is removed from the horse, though it has not the power of producing diphtheria, yet it has the power of curing it. It has been mentioned that this antidotal agent only differs from the antidotal agent produced by the homœopathic remedy, in that it is produced outside the body of the patient. The antidotal agent produced in arsenic is produced inside the body of the patient. The antidotal agent in diphtheria is produced outside the body of the patient. It seems to me that that is the only respect in which the two differ, analogously, that is to say. From all that has come out in this paper and in the discussion, it seems to me that in all probability the anti-toxin is a highly potentised form of the toxin, and therefore I should be inclined to go a step further than Dr. Johnstone, and say that it is a purely homœopathic remedy. (Dr. Dyce Brown: Hear, hear.) Toxin, I suppose, has the power of producing diphtheria. Whether it has the power of producing a membrane or not, it has the property of producing diphtheria. I think Dr. Johnstone brought that out in his paper. (Dr. Johnstone: The toxin.) The *toxin* has the power of producing diphtheria in the horse. The anti-toxin, it seems to me, is a highly potentised form of that diphtheria-producing toxin, and, therefore, if it cure the patient, it must do so on purely homœopathic lines. (Hear, hear.) There is one other point I should like to refer to, and it is this: It seems to me that if the same care and attention, and the same amount of time were devoted to the study and observation of the action of our ordinary homœopathically-acting remedies for diphtheria, as to this method of treatment, we might arrive at a result quite as favourable as that which has been obtained by anti-toxin. I believe that has been done within the last year in America. In the *Medical Annual*, I think, a series of eight thousand cases have been referred to as treated by anti-toxin. I do not know how many cases have been tabulated in America, but the number is a very large one. I believe it amounts to several thousands. The mortality that comes out from that list is seven per cent. Now that is exactly the same minimum, I believe, that has been obtained under the anti-toxin treatment, according to Dr. Johnstone's table. (Dr. Johnstone: Almost, yes.) Therefore if we, by our homœopathically-acting medicines, can restrict the mortality to only seven per cent., it seems to me that anti-toxin has nothing to recommend it in preference to the more ordinary homœopathically-acting remedies (hear, hear, and applause), while with the latter we are altogether free from any of the dangers that are attributed to anti-toxin. (Applause.) The only other question I should like to ask

Dr. Johnstone is, whether, when the anti-toxin was being injected, any other remedies were given internally, and whether any local treatment was adopted at the same time? I believe that one of Mr. Lennox Browne's chief objections to the anti-toxin treatment is based upon that circumstance—that in the London fever hospitals, while the anti-toxin was being injected, other remedies were being given at the same time; and therefore he attributed the results as much to the exhibition of these internal remedies as to the injection of the anti-toxin.

Dr. Theophilus Ord: It seems to me, that the question of whether the injection of toxin can produce diphtheritic symptoms or not, is not affected by the fact that it does not produce a diphtheritic membrane on the throat or elsewhere, because the diphtheritic membrane, as I understand it, is wholly and solely produced by the presence of the bacilli themselves, where they are living and growing; and I understand that in the toxin there are no bacilli, but we simply inject the excretion of the bacilli, the morbid products of their growth. Therefore it would be a mistake to expect exactly the same results from local application of the toxin as from a local application of the diphtheritic bacilli. It was suggested by Dr. Nankivell that anti-toxin was a dilution—a high dilution possibly—of toxin. That, I think, is quite feasible and possible, and it seems to me that we may have some evidence that would help to throw light upon it by comparing the symptoms observed to have followed injections of the two substances. If the anti-toxin is a high dilution of the toxin, the symptoms produced by injections of the toxin ought to be identical with those produced by anti-toxin. Possibly those two ideas may help to throw some additional light upon the question.

Dr. Bodman, jun.: I should like to call attention to an experiment in which the toxin was mixed with the anti-toxin, and injected into an animal, and it was found that no toxic effects followed. It seems to me that this completely refutes the theory that the anti-toxin consists of a high dilution of the toxin. (Hear, hear.) Because if that were so, you would expect the presence of the anti-toxin to reinforce the action of the toxin, and not to neutralise it. (Hear, hear.)

With reference to the ill effects that are alleged to follow the injection of the anti-toxin, Behring, who originated this treatment, has recently prepared a purer product, and as this is not attended by the ill results which the earlier preparations have caused in some cases, he says the ill effects of the latter are not due to the anti-toxin principle which the serum contains, but to the other necessarily present

substances which are altogether independent of the anti-toxin in the serum. The anti-toxic serum is anti-toxin plus something else. The argument is that the disadvantages following the injection of anti-toxic serum are not due to the anti-toxin itself, but to the other extraneous matters which are necessarily present.

Dr. McLachlan: How does this cure the diphtheria when it is introduced into the body? Does it grow and multiply? Do you mean to say that a comparatively small quantity, in bulk, diffused through the whole body could produce the action which could kill these bacilli? I think it is entirely unlikely. If it does grow and multiply in the blood it must be a living organism. I do not think that under any other circumstances could the comparatively small quantity injected destroy the poison in the blood.

Dr. Bodman, Sen.: One point, to my mind, militates against the comparison of the anti-toxin with the high dilution, and that is that in the latter it does not matter how little is given—two drops are as good as six; with the anti-toxin, in order to get the effect, a large quantity has to be given. (Hear, hear).

Dr. Nankivell: Might I suggest that when you inject serum you do not know how much or little anti-toxin you inject. It is called anti-toxin serum, but you do not know how much anti-toxin is in it.

A Member: But the result seems to be in proportion to the amount.

Dr. Hughes: And the strength.

Dr. Nankivell: You do not know the strength of it. Nobody has ever seen anti-toxin; nobody has ever weighed it.

Dr. Hayle: With me the chief point appears to be that the results of our old remedies for diphtheria have been very favourable indeed, and it would be most interesting to ascertain whether the percentage of cures with those medicines is really lower than under the serum treatment. I believe it is. (A Voice: Yes.) We ought to find that out. Speaking of lachesis and crotalus, of course they are toxins in a comparatively dilute form, and they have a very beneficial effect on diphtheria. I should like very much to know if we could get the percentage from these remedies.

Dr. Hawkes: We frequently speak of our friends the enemy as being taken up by every new theory and new fangled idea. After a year or two's experience we find that they have made woeful mistakes, and are harking back again, and explaining the serious consequences which have arisen from the various new things they have introduced. It seems to me that we are in danger of doing the same thing. Of

course the question of diagnosis is an important one. Not very long ago I was called to a case which was said to be diphtheritic. The doctor having charge of the case had said that he would send at once for some anti-toxin; it must be attended to immediately. The parents did not like the idea of having the child inoculated. I was asked to see it, and diagnosed measles, with a little enlargement of tonsils. (Laughter). With the aid of a few drugs the child was soon cured. So we have to consider the question of the diagnosis. In dealing with statistical tables we must allow something of an unknown quantity for cases of that kind. I do not wish for a moment to disparage in any way the statistical information given to us in the admirable paper we heard this morning, but we all know that statistics can be made to prove anything you like. I would also echo the thought of the last speaker, that we have not yet threshed out all the valuable material we have in our own books. (Hear, hear.) In the experience of wiser heads than mine I have no doubt there would be plenty of instances in which diphtheria has been successfully treated, and without the risk which it seems to me necessarily attends the use of these various new-fangled—I have no other word to use for them at present—medicines. I do feel that we are running away rather too rapidly on these questions of serum-therapy, and thus imitating our old friends the enemy, whom we so often blame for their instability, and want of scientific research. As a body of men who are comparatively few in the land, if we have anything at all that is our own it is the desire to be original in the search after truth, in reference to the action of drugs upon the human system (hear, hear), and the great master who taught us to go to work in that particular way seems to me to require every possible attention from us who owe so much to him for the success of the body to which we belong. I think if we search our own records of the use of drugs valuable for the cure of diphtheria we shall find examples of success quite as great as that of which we have heard this morning as having been derived from anti-toxin. (Applause).

Mr. Bird: I should like to call further attention to a point referred to by Dr. Nankivell and Dr. Hayle, and "rub it in a little." The anti-toxic way of using arsenic would be to draw off the serum from an arsenicated subject, say from a Styrian arsenic eater, and use that as the remedy. As homœopaths, it would be a great deal better if we could advance upon our own lines. Could we not possibly use the toxin, as has been suggested more than once, instead of using the anti-toxin, and so let our patient make his own protecting serum? Just in the same way as Dr. Hayle suggested we use

lachesis and crotalus, distinct toxins. In the same way also we use vaccine; that is a *toxin* again, not an anti-toxin. It would evidently be an immense advantage if we could prepare our own patients with minute doses of diphtheria *toxin*.

Dr. Burford: I have been exceedingly interested in watching physicians pass through the throes of a problem as mighty as that which agitated the surgeons some twenty years ago. This, gentlemen, is your turn at antiseptics. I hope your experience will be as satisfactory as the study and development of antiseptics, and the whole of the antiseptic theory, has been, under the leadership of Lister, with us surgeons. Dr. Nankivell I think, has struck the real key note of the discussion, so far as I have been able to judge. I will sum it all up, as it appears to me, by putting this question to Dr. Johnstone:—Will toxin, injected into the human blood, produce anti-toxin? And if not, why not?

Dr. Newbery here drew attention to the fact that there were other subjects to be considered by the Congress, viz., "Tuberculosis of the Abdomen in Children," and "The use of High Potencies," in which some of them would, no doubt, be interested, and if he were in order he should like to move the closure.

Dr. Jagielski: Has Dr. Johnstone ever heard that these poisons have been given, not in the form of injections, but by the mouth, in high dilutions, and that excellent results have been reported?

The President: I think, gentlemen, I am obliged now to call on Dr. Johnstone for his reply. (Applause).

Dr. Johnstone (who was received with renewed applause): Well, gentlemen, I will not attempt to reply. I do not want to run away, but it is getting late in the day, and really the question is too large a one to go into now. So many questions have been asked me, and I would not like to answer one without answering all. It has given me great pleasure to give this paper to-day, particularly because I was aware that there was a great deal of ignorance among medical men generally as to the relations of toxin and anti-toxin, and the result. And I am still a little disappointed to find that in spite of my paper, and the kind criticisms that have been passed upon it, it was after all not lucid enough, because there are yet some of you who are rather ignorant. (Hear, hear, and laughter.) There are several points that one must be perfectly certain of before trying to discuss this question. Some have spoken of injecting the anti-toxin into the horse. That is out of the question altogether. Just now, however, I will content myself with thanking you very much for the kind way in which you have received my paper. (Applause.)

The discussion then closed.

A REMARKABLE PRESIDENTIAL ADDRESS.

By T. Hervey Bodman, M.B., B.S., Lond.

In the capacity of President of the Section of Pharmacology and Therapeutics at the recent meeting of the British Medical Association at Montreal, Professor Leech, of Manchester, delivered a most interesting and deeply significant address on "The Mode of Action of Medicines." The subject is one which has long been a source of attraction to philosophical minds, and the views that have been expressed upon it are bewildering in their number and variety; but there are several points in Professor Leech's address which cannot fail to be of interest to all who are interested in the progress of homœopathy. A full report of the Address may be read in the *British Medical Journal* of September 18th, but in view of its great interest it was thought desirable to call special attention to some of its leading features.

After passing in review some of the older theories of the action of medicine, Professor Leech treats of the modern development of pharmacology, and very truly points out that though it has explained the action of many remedies of a palliative nature, and has led to the discovery of great numbers of new drugs of the same class, it has nevertheless failed to explain the action of the class of remedies known as specifics, and has not added one new one to the brief list already known to the profession.

Now comes the main point of the address. Professor Leech refers to the recent remarkable developments of bacteriology and pathology, and to the wide range of new ideas opened up by modern researches into the action of toxins and anti-toxins, and he suggests that these may throw light upon the action of the older remedies, whose *modus operandi* has hitherto been unknown. This contention he supports by a chain of arguments. In the first place, it has been shown that the toxins of the various pathogenic bacteria, when introduced into the organism, lead to the production of anti-toxins, the anti-toxins being probably produced by the protoplasm itself under the influence which the toxin exerts upon it. Next, in reference to the toxins, he says:—"They have a definite physiological action, and

there is no reason for believing that they act on the tissues in a fundamentally different manner from other medicinal agents." Therefore it is probable that ordinary medicinal agents have the power of causing the production by the protoplasm of an active substance, analogous to an anti-toxin. This view is strikingly supported by some experiments of Ehrlich's which are quoted, in which he has shown "that the toxalbumen, ricin, derived from castor oil seed, not only causes immunity, but also the formation of an anti-toxin in the blood, which protects from the poisonous influence of ricin." He finally puts the case thus:—"May it be, as has been suggested, that drugs do something more than influence molecular conditions, that they cause the production of something which is itself an active agent—that, for example, in the case of mercury, it is not the metal itself which antagonises the syphilitic poison, but something which it causes the protoplasm to produce and pour into the circulation?"

Professor Leech in his address did not carry his arguments beyond this point; possibly he had good reason for not doing so, for let us see where we are led to by pursuing the process of reasoning a little further; assuming the above arguments and conclusion to be correct, let us ask what light they throw upon the choice of a remedy in a given case of disease—should the action of the remedy be in the same, or in the opposite direction to that of the morbific poison which it is sought to counteract? The aim is to give a drug which will induce the protoplasm to form and pour into the circulation a substance which will antagonise the morbific poison—we may call it the defensive substance; but Ehrlich's experiments show that the substance produced in the blood as the result of giving a drug, acts in the opposite direction to the drug given, and tends to neutralise it therefore, since the "defensive substance" acts in the opposite direction to the morbific poison, and the defensive substance also acts in the opposite direction to the drug which causes its formation, it follows that the action of the remedial drug must be in the *same* direction as that of the morbific poison, which is only another way of expressing the law—*similia similibus curantur*.

It follows, therefore, that if Professor Leech's

arguments are reasonable, he has established the reasonableness of a belief in the law of similars; if we can go farther and say that his arguments are right, then he has demonstrated the truth of the law of similars.

There will be found to be a remarkable similarity between the purport of Professor Leech's address and that of the second part of the paper read by Mr. James Johnstone at the recent British Homœopathic Congress at Clifton, and now published in the *Review*; both authors take up the subject of the mode of action of medicines, and view it in the light of the recent discoveries relating to toxins and anti-toxins, and both express the opinion that medicines act by causing the protoplasm to produce a substance which antagonises the disease. It may be stated as a coincidence that the writer arrived at exactly the same conclusion, quite independently, whilst reflecting on the same subjects two years ago.

In the course of his brilliant Presidential Address delivered before the Congress at Clifton, Dr. Proctor pointed out that the same views were propounded on the allopathic side as on our own in explanation of the homœopathic cure, and he went on to say;—

"This looks as if our nominal opponents had a boding sense that at any moment the veil that hides the operation of the small dose may be lifted, and homœopathy be seen to stand forth, a self-evident, scientific truth." Nothing could more strikingly corroborate these statements than a comparison of Professor Leech's address and Mr. Johnstone's paper, both having been published in the short time which has elapsed since the Congress.

What a contrast to Professor Leech's address was that of Sir William Broadbent, delivered at the annual meeting of the same Association only two years before! How ill-timed seems the sneer—"Homœopathy, still, like a belated ghost, haunts the dawn of scientific medicine!" We feel sure all good homœopaths will join in the hope that Sir William may live to see his simile reapplied, with homœopathy as the dawn-begetting luminary, and the *odium medicum*, ignorance and prejudice playing the parts of the vanishing spectres.

In spite of the active opposition of its adversaries and the apathy of some of its adherents, the great fundamental principle of homœopathy, by sheer force of intrinsic truthfulness, is slowly forging its way ahead, towards universal acceptance, and affording to the spectators of its progress an unrivalled exemplification of the old saying:—"*Magna est veritas, et prævalebit.*"

REVIEWS.

A Repertory to the Cyclopædia of Drug Pathogenesy. Compiled by Richard Hughes, M.D. Part I.: Introduction.—Nervous System.—Head.

It gives us great pleasure to receive this first part of the long-promised *Index-repertory to the Cyclopædia of Drug Pathogenesy*, and we congratulate Dr. Hughes on the prospect of a speedy completion of his Herculean task.

The repertories hitherto published have always referred to medicinal symptoms arranged more or less in the Hahnemannian schema form; but as the *Cyclopædia* contains the provings of drugs in the narrative form only the arrangement of the *Index* or *Repertory* thereto had to be modified to meet the altered form of the pathogeneses it refers to. The anatomical or regional arrangement commonly adopted in other repertories is adopted with certain modifications rendering it more scientific in character. A glance at the new schema outlined at page 19 will convince the reader of its truly scientific and complete character. It is not only the pathogeneses of the *Cyclopædia* that are repertorised in this work, those of the *Materia Medica Pura*, some of those in *Fragmenta de Viribus Medicamentorum positivis*, and a selection of those in the *Chronic Diseases* are included in the work. Dr. Hughes gives excellent reasons for not including all the recorded symptoms of the *Chronic Diseases*, which will, we think, be satisfactory to all reasonable disciples of Hahnemann, but will undoubtedly fail to please some of the unreasonable self-styled Hahnemannians. When there is a strong suspicion of the genuineness of recorded symptoms it is safer to exclude them from a work which, as a repertory is necessarily a guide to practice, on which the health and even life of human beings depend, than to admit them when serious or even fatal consequences might result.

But even with regard to the pathogenetic narratives of the *Cyclopædia*, Dr. Hughes has considered it best to make a selection and not to include all the multitude of trivial and personal

symptoms which even the best of these narratives contain. To have included such symptoms would necessarily have increased the bulk and diminished the utility of the work. The choice of what symptoms should be included and what rejected demands great care and judgment, and we must credit the author with the possession and exercise of these qualities if we are to place confidence in his work and utilise it satisfactorily in our practice. We think that all who are acquainted with the services to homœopathy of Dr. Hughes will confess that this delicate and onerous task of selection could not have been better done by any exponent of homœopathy of the present day or of any former time.

On account of this winnowing process there will be necessarily a considerable difference in the number of references to medicines under particular headings in this compared with other repertories. The other repertories, viz., Allen's *Symptom Register* and the *Cypher Repertory* do not attempt to determine the more or less trustworthiness of the symptoms in the Materia Medica. The schema form in which it existed did not admit of such criticism; but the narrative form of the provings in the *Cyclopædia* invited and facilitated such discrimination. The only question is whether Dr. Hughes is justified in the selection he has thought it incumbent on him to make. We believe he is, and though we note many omissions of references to medicines contained in the two works we have mentioned, and the inclusion under one general heading of many varieties of pains and sensations which the other works give in great detail, we think he has given enough for the purpose of his work which must be considered rather as an index than a complete repertory.

To illustrate the difference in the fulness of this *Repertory* in comparison with the *Cypher Repertory*, let us take the symptom of the head, which, in the former work, is indicated as: "Bound round, as if." We find the following medicines given:—Carb. v., chel., chin., ars., clem. (as by iron cap), cocc., colch., cur., cyc., rh. v., (from brain pressing against skull), spig., spir., stann., stil. (as by iron cap), sul.

In the *Cypher Repertory* many more medicines are given as having this sensation, and its varieties are indicated in much greater detail, thus:—

As if brain were bound up.—Æth., am-b., bry., cb-v., coc., cch., cyc., mg-s., mer., oln., pim., pla., pul., ser., spi., tar.

Like a skin stretched over brain.—Ang., asa.

As if by a pitch cap.—Aco.

As if a hoop were round it.—Bro., cer., cle., gua., lam., sul.

As if bound round with a string.—Mer., na-m., pso., spr.

As if head were tightly bound.—Aco., ca-x., ni-x., pet., zin.

As from a tight hat.—Phs.
As from an iron scull-cap.—Cn-i., cle.
Like a band.—Gel., glo., iod., ipc., mer., opi., osm., stn.

In the *Cypher Repertory* these symptoms are given along with the concomitants and conditions where such are mentioned in the *Materia Medica*. So that as a *Repertory* simply the latest one cannot be compared in completeness and fulness of detail with the older one; but it is no doubt amply sufficient for the purpose for which it is intended, which we imagine to be to direct the practitioner to the study in the originals of the most likely medicines for the case he has in hand, and we must suppose that Dr. Hughes had good reasons for excluding many of those medicines the *Cypher Repertory* has admitted.

Dr. Hughes's ingenuity has been taxed to invent a plan of easy reference to the particular proving in the *Cyclopædia* and Hahnemann's works in which any symptom of his *Repertory* may be found. The plan is described at page 7. We would only observe that by an oversight in line 11 he speaks of the "italic" when he means "arabic" numerals.

We have no fault to find with the abbreviations of the drug names; we think some might have been shorter, and it would have been well that the contractions in the text always agreed with those given in the introductory list. But this is not always the case; thus, chinin. a., of the list becomes chinin. ars. of the text, "Dubn." of the list is "Dub.," "Hyoscn." in the list is abbreviated to "Hyon." in the text. These are, however, trivial faults, for under either form of abbreviation the medicine indicated is easily discovered, and that is the main thing.

We shall be glad when the succeeding parts of this gigantic work are published, but we must not be impatient, for the labour of it is great, and a busy practitioner and editor as Dr. Hughes is must find it difficult to get time to devote to this tedious and harassing work.

Twenty-five Reasons for not being a Homœopath, answered by a Layman. London: Homœopathic Publishing Company. 1898.

This little brochure is written by a layman, and is intended entirely as a popular appeal to other laymen. It is very nicely written, and will serve to clear up many of the ignorant objections adduced against homœopathy, and we wish it success.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The first meeting of the session was held on Thursday evening, October 7th, the President, Dr. Edwin A. Neatby, in the chair.

After the reading of the minutes and some business announcements, the inaugural address was delivered by the President, who had chosen for his subject "The History and Life-History of Fibro-myomatous Tumours of the Uterus." A brief historical sketch alluded to the earliest recorded information of the subject, the state of knowledge fifty years ago, and the progress during the Victorian era. The section on the life-history traced the growth of fibroids from their earliest visible commencement to their maturity and decay. Their causes were discussed from the anatomical and biological points of view, Dr. Neatby favouring the theory that, in many instances at least, these growths may be of congenital origin from embryonic "rests." The site and situation of the tumours were dealt with in relation to the clinical symptoms and to the effects on the muscular tissue of the uterine wall, the ovaries, and menstruation. Referring to the reciprocal influence of sterility and uterine fibroids, Dr. Neatby maintained that sterility, whether absolute or relative, was an important factor in the causation of these growths, and he quoted figures from 60 cases under his own care bearing on this subject.

The various forms of degeneration to which fibroids are subject were described, and specimens taken from his own cases were exhibited to illustrate these and other features. The paper was also freely illustrated by drawings and by lantern slides showing the microscopic structure of the tumours and their degenerations, and their macroscopic characters.

In connection with treatment, Dr. Neatby emphasised the view that fibroids, though "innocent" tumours technically, were more noxious than was often supposed; that the menopause not seldom failed to remove or arrest them, and that treatment required to be perseveringly and judiciously carried out. Homœopathic, palliative and operative measures were summarised in a practical manner, prominence being given to the author's own practice and views on these points.

THE BRITISH HOMŒOPATHIC CONGRESS.

The business of the British Homœopathic Congress, which we have already reported in abstract in our October issue, was opened at the Imperial Hotel, White Ladies Road, Clifton, on Thursday, September 16th, at ten o'clock. A meeting of

hospital federation had already been held in the same hotel, which we hope to report next month. We should add Drs. Burwood, Cash and Hawkes to the names of those present at the Congress which were given in our last number, together with the presidential address delivered by Dr. Proctor, of Birkenhead, the president. This was listened to with much interest, and was warmly appreciated. One or two ladies exercised their privilege of being present during its delivery; and at its conclusion,

Dr. Blackley, senior, moved the customary vote of thanks. He described the address as a very eloquent deliverance, and humorous withal, and the more interesting to him because he had been a correspondent of Charles Darwin, to whom the president had referred in terms which he cordially endorsed. He had very great pleasure in moving the vote of thanks.

Dr. R. Hughes seconded. During the past 28 years he had several times proposed or seconded votes of thanks in recognition of presidential addresses, but he did not remember ever having done so with greater pleasure than in the present instance. (Applause.) They all knew, when they heard that Dr. Proctor was to be the President of this Congress, that they would have an address spiced freely with the Attic salt of wit, and that they would have felicitous quotations and apt epigrams upon the position of their friends the enemy, but he thought they had hardly been prepared for so complete a picture of the present position of the homœopathic controversy as they had heard drawn on this occasion. They had all listened to it, he felt sure, with the greatest pleasure and interest, and when published it would be felt to be an excellent vindication of the position they had taken up, and a satisfactory account of the progress which their views had made — though not always in their own name — in their adversaries' ranks. He hoped it would also be found to have contained a just vision of a future not far distant, and that it would be widely disseminated, that all might know how much they had to say for themselves, and how well it could be said. (Applause.)

The customary interval was then allowed for payment of subscriptions, after which business was resumed.

Dr. James Johnstone, of Richmond, read the first paper on "*Serum Therapy and its relation to Homœopathy*," (p. 651). The paper was illustrated by lantern slides showing the injection of the toxin into the horse, the drawing off the blood and serum, and the subsequent treatment and preparation of the same for sale and use; together with tables of statistics showing the striking fall in death-rate which has accompanied its employment both on the Continent and in this country.

The reading of this paper occupied the close attention of the Congress until one o'clock, the hour of adjournment for luncheon, and accordingly the discussion upon it was postponed until after the annual business in the afternoon. Before separating for luncheon, however,

Dr. HUGHES, in appreciative terms, moved a vote of thanks to Dr. Johnstone. This had been more than an ordinary paper, it had been an illustrated lecture (hear, hear), and one profoundly interesting and instructive. The time and labour which Dr. Johnstone must have devoted to the subject entitled him to their warmest thanks. (Applause.)

At the luncheon, which was served in the hotel, the members of the Congress were the guests of the Western Counties' Therapeutical Society. Dr. PROCTOR presided, and after a generous repast suitably expressed the thanks of the Congress to the Therapeutical Society for their abundant hospitality, coupling with the proposal the name of Dr. EUBULUS WILLIAMS, of Clifton, who was warmly applauded on rising to return thanks.

The sitting of the Congress was resumed at two o'clock, when Dr. D. DYCE BROWN, the general secretary, read the minutes of the Leeds Congress in 1895, which, with a slight emendation, were unanimously adopted. Dr. Dyce Brown then produced several letters of apology for inability to attend the Congress. Dr. George Clifton, of Leicester, wrote stating that he was prevented from attending by indisposition, but he hoped they would have a pleasant meeting. He added that Dr. Mason and himself would be pleased to have the Congress at Leicester next year. Dr. Pope wrote that he was unavoidably prevented from attending, but wished to be remembered to everyone. Dr. Clark was prevented from being present, but sent his best wishes. He was with them in spirit, and wished them every possible success. Dr. Goldsbrough wired that he much regretted his inability to be present. Dr. Wolston, of Edinburgh, sent greeting. Dr. Dyce Brown went on to say, after reading the letters, that they all regretted that Dr. A. C. Clifton, of Northampton, was prevented from being with them. He had been unwell, and had written from Harrogate, where he was taking the baths, that he had hoped to have been well enough to come, but found himself unable to do so. It was but the second Congress he had missed since the meetings were commenced. He sent his very best wishes. (Applause.)

The PRESIDENT said the next duty was to select the place of meetingf or 1898. Dr. Clifton had suggested Leicester.

In reply to an enquiry it was stated that the Congress was last held at Leicester in 1878.

Mr. KNOX SHAW: Did we not decide that it should be held every alternate year in London? (A voice: Every third year.)

Dr. MADDEN: I should like to make a suggestion, which I think I have made regularly as the occasion comes round, that we should meet in London every alternate year. It has often been agreed to, but very rarely carried out.

Dr. DYCE BROWN: I think we have not had a seconder for Leicester yet.

Dr. GIBBS BLAKE: I beg to second the proposition that we meet at Leicester. It is very central, and we have two members of our body there who will give us a hearty welcome.

Dr. MADDEN then formally proposed London, and Dr. BIRD seconded.

Dr. GREEN proposed Chester, and Dr. STOPFORD seconded.

The PRESIDENT: I think perhaps the London men are a little diffident in recommending the claims of their small city, and I should like to say a word on their behalf: (Hear, hear.) The proposal to hold the Congress in London every alternate year has much in its favour. It has often been suggested, as Dr. Madden said, but has not always been acted upon. There is, however, a pretty general feeling that it is a very good plan, and although we do not like to tie ourselves down to any routine rule we may nevertheless adopt the course when we think desirable. I am heartily in favour of London being selected for our next Congress. However, it is for the Congress to decide.

A vote was then taken, with the following result:—For Leicester, 2; for Chester, 14; for London, 23. The result was received with applause, and the selection of London was formally approved.

The Congress then proceeded to elect a President for the ensuing year, by ballot, and on the papers being collected it appeared that Dr. EUBULUS WILLIAMS, of Clifton, had been elected by an overwhelming majority. The announcement was received with much applause, and

The PRESIDENT congratulated Dr. Williams upon the honour done him, which he said was amply deserved, both by his long services to homœopathy in general, and his special services to homœopathic practitioners at this Congress and in times past. (Renewed applause.)

Dr. EUBULUS WILLIAMS: I am very much obliged to you, gentlemen, but really it is an honour that I did not covet, and not only so, but I am afraid I shall not be able to fulfil your expectations. However, I shall have a few months in which to think about the responsibility you have placed upon me, and I will take the opportunity of doing so. (Applause.)

Dr. DYCE BROWN: I have much pleasure in proposing as our Vice-President Dr. Burwood. (Hear, hear, and applause.)

Dr. NANKIVELL: I have much pleasure in seconding that.

The motion was carried unanimously.

Dr. BURWOOD: Gentlemen, I am perfectly certain you have made a mistake ("not at all"), but I accept the appointment, and will endeavour to do my duty. (Applause).

Dr. HUGHES: I beg to propose that Dr. Dyce Brown and Dr. E. Madden, who have so faithfully and efficiently served us for so many years in the capacity of General Secretary and Treasurer respectively, be asked to assume those offices once more for the next Congress. (Applause).

Mr. KNOX SHAW seconded, and the motion was carried unanimously.

Dr. DYCE BROWN: Thank you, gentlemen; I shall be delighted to do my very best for the next meeting.

Dr. MADDEN intimated that he, too, would be pleased to continue in office.

Dr. BODMAN proposed Mr. Dudley Wright as Hon. Local Secretary.

Dr. STOPFORD proposed Mr. Knox Shaw.

Dr. HUGHES: It is a shame to put the burden on Mr. Knox Shaw, considering his duties to the British Homœopathic Society, to which he is such an efficient Hon. Secretary. I would for that reason support the proposition that Mr. Dudley Wright be requested to do the work.

Dr. DYCE BROWN: I sympathise fully with what Dr. Hughes has said. We have no right to ask Mr. Knox Shaw to undertake additional duties. The manner in which Mr. Dudley Wright carried out the work in connection with the International Congress last year showed what an admirable secretary he would make. (Hear, hear.)

The PRESIDENT: Mr. Knox Shaw, I am afraid you are in for it.

Mr. KNOX SHAW: All I can say is, if I have such a President, I do not mind being Secretary. (Hear, hear.)

Dr. DYCE BROWN: Two years ago there was a Council appointed to arrange matters generally, with regard to the selection of papers to be read at the Congress, and other important points. It consisted of the President, Secretary and Treasurer, *ex officio*, Dr. Hughes, and Dr. A. C. Clifton. Would the Congress prefer that the same committee should act again? It would be very desirable to have such a gentleman as Dr. Clifton, of Northampton, on the council, but I think I should be expressing his own feeling if I were to suggest that on account of the state of his health he would rather not serve on this occasion. I have received no information from him to that effect, but I think that would be his feeling.

Mr. KNOX SHAW: I should like to suggest that the *ex officio*

members of the Council ought to include not only the President, the Permanent Secretary, and the Treasurer, but the Vice-President and the Local Secretary, and that these officials should be accompanied by some outsiders, so that we may have all interests represented.

Dr. DYCE BROWN: The reason why we had only the President, Secretary and Treasurer, besides the others named, was in order that we might not have too big a Council. Still, if Mr. Knox Shaw would propose that, no doubt it would be carried.

The PRESIDENT: I think Mr. Knox Shaw can scarcely propose that as he is one of the beneficiaries (laughter), but it is open to anyone else to propose it on his account, and I shall be happy to propose that Mr. Knox Shaw and Dr. Burwood be on the Council for organising the next Congress.

This was agreed to.

Dr. HUGHES: And Dr. Clifton?

We include him, *pro forma*.

The PRESIDENT: Shall we take it that the two present members of the Council from outside, Dr. Hughes and Dr. Clifton, are again appointed? Dr. Clifton will probably not be able to officiate.

Dr. BURWOOD: I would suggest Dr. Nankivell instead of Dr. Clifton.

Dr. NANKIVELL: I hope Dr. Clifton will be able to attend. Would it not be best to give the present Council the power to co-opt another member if necessary? (Hear, hear.)

The PRESIDENT: Shall we leave it to the Council to co-opt a member in the place of Dr. Clifton if he cannot attend?

The meeting accepted this proposition *nem. con.*

Several members: What about the date?

Dr. DYCE BROWN: Under ordinary circumstances the date is a fixture, viz., the Thursday of the third week in September ("Not in London.").

Several members suggested that July was the best month for a meeting in London; others thought June.

Dr. MADDEN: Has it not been customary to make it continuous with the meeting of the British Homœopathic Society?

Dr. DYCE BROWN: That was the case last time.

Dr. MADDEN: It worked very well, I think.

Dr. DYCE BROWN: Yes. It worked admirably. That is at the end of June.

Mr. KNOX SHAW: The annual meeting of the British Homœopathic Society will be on the 29th and 30th of June next year—Wednesday and Thursday. Of course, it gives us an opportunity of giving gentlemen who care to come to

London a very much better time if we can get two or three days at the end of the month.

Dr. Dyce Brown: If the Congress were on the Friday following there would be the Saturday and Sunday for a holiday.

Dr. Nankivell: There is just one practical objection. Many can afford a day, or two days at the outside, but if we run the two meetings together it demands a good deal of time, and by the Congress day the members attending will be rather tired. I should prefer very much, if we could manage it, to hold the meeting early in June. I may be speaking from my own point of view, but I think that if we could have a meeting early in June it would be better.

Mr. Knox Shaw: The British Homœopathic Society has three meetings in June. There is one on the first Thursday in the month. On the 4th June there is a meeting of the British Homœopathic Society.

Dr. Nankivell: Have the British Homœopathic Society on the Wednesday evening and the Congress on the Thursday.

The President: Is there any objection to having the Congress on the Friday?

Dr. Nankivell proposed that the Congress for 1898 be held on the first Friday in June, viz., June 5th.

This was seconded and carried unanimously, thus concluding the formal business of the annual meeting.

The discussion on Dr. Johnstone's paper, read during the earlier part of the day, was now proceeded with. The report of it follows the paper at p. 670.

Dr. Roberson Day then read his paper on *Tuberculosis of the Abdomen in Children*, which, with the discussion following it, appeared in our last number.

The business of the Congress was concluded by a discussion on Dr. McLachlan's paper, on *High Potencies*, which we hope to present to our readers in a subsequent issue.

THE CONGRESS DINNER.

The proceedings of the annual Congress of homœopathic practitioners at Clifton, on September 16th, were pleasantly wound up with a very successful dinner, held at the place of meeting, the Imperial Hotel, to which between fifty and sixty sat down. The chair was taken by the retiring President, Dr. Proctor, of Birkenhead, and there were several ladies and gentlemen present in addition to those whose names have already been recorded as attending the Congress, including:—Dr. Burwood (Ealing), Dr. Midgley Cash (Torquay), Dr. Hawkes (Ramsgate), accidentally omitted in our issue of October, the Rev. J. G. Alford, Vicar of St. Mary's, Stoke Bishop, Mr. G. A. Cross, secretary-superintendent of the London Homœopathic Hospital, &c.

After dinner, which appeared to give every satisfaction, there were speeches, interspersed with musical selections.

The PRESIDENT gave the toast "The Queen." Though they were homœopaths, he said, in the course of a few happy comments, their loyalty was in allopathic doses. (Laughter and Hear, hear.) This was the Queen's diamond jubilee year, and it was impossible to add anything, effectively, to the eulogium which had been passed upon her in so many places during the past few months. He would simply say that the successful character of her reign must necessarily imply personal ability on the part of the Queen herself. It was no more possible, without ability, to be a successful queen, than to be, say, a successful violinist. Not all queens had been successes, and of a queen on her throne, as of the little girl in the nursery, it might be said that "When she was good, she was very, very good, but when she was bad, she was horrid." (Laughter.) When we had a queen like Victoria, we could not but confess that upon her high capacity this superlative praise was well bestowed. He gave "The Health of the Queen. God bless her!"

The toast was drunk with musical honours.

The PRESIDENT: Ladies and Gentlemen, the next toast on our list is one which always occupies a prominent place thereon, and is drunk, as you are aware, in solemn silence—I refer to the memory of that great man of whom we are proud to consider ourselves followers, the head of our system—Samuel Hahnemann. If we review the course of medical history we find that differing ideas predominate at different periods, and the question has often been asked, what will be the medical practice of the future? I was reading the other day that Emerson, the American writer, thought that of all the treasures of English literature, the little poem by Leigh Hunt, "Abou Ben Adhem," had the best chance of going down to remote posterity, and in like manner I should be inclined to think that among medicines half a dozen such as aconite, belladonna, bryonia, and the like, are most likely to survive. (Hear, hear.) For those medicines, as you know, we are indebted to Hahnemann. (Applause.) The great mind of Hahnemann, I think, will be more appreciated as time goes on. Even now, at the distance of 100 years, we are, perhaps, scarcely far enough removed from him to accurately estimate his altitude among other minds. It may require 200 or 300 years before we can adequately compute his elevation amongst the other great men whose names are recorded in medical history, just as it is said you have to go somewhere near the Lake of Geneva before you can perceive the comparative height of Mont Blanc among her sister mountains. Hahnemann inaugurated a work that is still going on, and as time advances

the world will be able to understand and value more and more at its true worth the magnitude of what he accomplished for medical science. I can only echo, as the expression of my own feelings on the matter, what I think was said by one of our predecessors, Dr. Russell, in his account of Hahnemann, that he "struck the orb of medicine a blow, a single blow, with his own right arm, and sent it revolving for ever after in a new orbit." (Applause.) Well, we have as homœopaths survived the first century, and I think, gentlemen, that is a very good augury for our ability to survive the second. (Renewed applause.) For the bulk of the opposition to a new party comes upon it at the first. It is then that the hostile force is greatest. The resistance is strongest when the movement is in its infancy and at its weakest point. We, in our period of weakness, have been able to withstand all the attacks that have been made upon us, and when our strength is further consolidated need we have any fear for the result? (Hear, hear, and applause.) Prof. Huxley, in one of his luminous essays, says that the career of Science has been a victorious career in modern times, but that extinct systems of thought have lain about the cradle of Science just as the snakes and serpents, the dead serpents, lay by the cradle of the infant Hercules. We, as I have said, have been going through our homœopathic infancy, and I think I may say, and find an echo in your breasts, that dead systems of thought have lain round the cradle of the infant Hercules of homœopathy. (Applause.) For over 100 years, as one of our medical *confrères* has very eloquently said, the rains of criticism have fallen upon us, the floods of opposition have risen against us, and the winds of bitter antagonism have blown and beaten upon this house of ours, but it has not fallen, and you know the reason why—because it was built on a rock. (Loud applause.) Gentlemen, I give you the toast of "Samuel Hahnemann"!

The toast was drunk in silence.

The PRESIDENT, again rising, after an interval during which a selection of music had been given, called upon Dr. Eubulus Williams to propose the next toast, and the response of the president-elect to the call elicited a very cordial welcome, comprising "musical honours."

Dr. WILLIAMS, who did not, however, speak at any considerable length, said the toast which he had been asked to propose—and which was on the list in the name of the President—was that of "Homœopathic Hospitals, Dispensaries, and Literature." The strains of "For he's a jolly good fellow," having scarcely died away when the speaker rose, he apologised for having kept the company waiting, and humorously excused himself for interrupting their vocal

efforts. They all knew, he went on to say, that he was not given to making long speeches. Speaking of homœopathic hospitals, dispensaries, and literature, he was sorry to say that in their part of the country they were not very generously supplied with either the first or the second; and as for literature—well, he thought their friends from Liverpool were best qualified to speak as to that, being able to boast of enough and to spare. He was anxious, therefore, not to take up too much time, as their Liverpool friends would be waiting their turn to speak. Dr. Hayward, in particular, had been looking at him, and evidently did not want to be crowded out, so he would without further remark ask them to drink to the toast. (Applause.)

Dr. Percy Wilde, of Bath, was called upon to respond to the toast, and had a very hearty reception. After acknowledging this, and remarking that there were others present who had greater qualifications for the task he had been called upon to fulfil, the speaker went on to say, with respect to the last part of the toast, that he felt he had done less perhaps than he might have done for the literature of homœopathy; but an adequate excuse for that might be found in the fact that the work in a small provincial hospital was very hard and very exacting. There were so few of them to get through it, and they felt that they had hardly time even to record their own cases in the way they would like. That day would be a memorable one in the history of their provincial homœopathic hospitals. They had that day formed an association which would unite the homœopathic hospitals in the provinces, and enable them to feel that they were part of the general fold of homœopathy. (Hear, hear.) Hitherto, they had felt themselves to be rather like outposts, without any connection with the main camp, and sometimes, although they had to put a bold front on and say they were getting on pretty well, it had been a little difficult to keep an institution going. They had felt that if they could have the help which would be afforded by closer connection and sympathy with the larger hospitals, they would be able to do better, and work with greater courage and success. In speaking of the hospitals, he should include also the dispensaries, because he felt that every dispensary in the kingdom was doing a grand work for homœopathy. (Hear, hear.) He ought, perhaps, to express the hope that later on they might connect the dispensaries also. There were many towns in England where it was impossible for them to have a hospital, but where there were dispensaries which might be joined into one body, with definite rules for their management. (Hear, hear.) The scheme laid down by Dr. Madden that day for the working of the association of hospitals proposed that

they should carry out their laws and rules for the hospitals on one definite scheme. They would report cases, and would be able to provide the statistics which were necessary to those engaged in the work of homœopathic literature. He could only say for himself and his co-workers that in their own hospital they would do their level best to meet those requirements, but no one, save those connected with the provincial hospitals, realised how much more difficult it was to do these things there than it was in the case of the great London hospitals. It was no part of his duty, perhaps, in replying also on behalf of homœopathic literature, to say anything in praise of that literature, but he felt himself sufficiently an outsider in that respect to say that he had been wonderfully surprised—having been connected with medical literature in other ways—at the enormous amount of good literature which the homœopathic school was able to turn out. Look at the shelves of their homœopathic library and see the enormous amount of work, and painstaking work, that was done; looking at their journals, and the articles which appeared there, it seemed extraordinary that a small body, comprising such a limited number of writers, had turned out such a quantity of work. (Hear, hear.) This had always struck him as one of the great features of the homœopathic school, and a striking testimony to the enthusiasm which existed in their ranks. They might look upon that day as a great occasion in the history of their provincial hospitals. They would have now the encouragement of feeling that they were connected with the great hospital in London, and he thought he might say, although he was replying on behalf of all the hospitals, and not merely the provincial hospitals, that the example which they had been set by the staff of the London hospital, had been such as they all ought to copy. (Hear, hear.) The painstaking work, and scientific work, which had been done there, was beyond all praise. Although this was not strictly speaking within the scope of the duty which he had been asked to discharge, he felt, as a provincial physician, that he might claim to speak a few words in recognition of the grand work done by the London Homœopathic Hospital. (Applause.)

Dr. Hayward proposed the next toast, "Prosperity to Bristol," and in so doing spoke in cordial acknowledgment, both on his own behalf and that of his fellow-practitioners, of the kindly welcome and generous hospitality extended to the Congress at Bristol, alike when they met there 21 years previously under the presidency of the lamented Dr. Hayle (hear, hear), when they had a treat, intellectual and physical, provided for them by their now president-elect, Dr. Eubulus Williams (applause), and in the present instance. He mentioned their appreciation

of the good things provided for them earlier in the day by the Western Counties' Therapeutical Society, as well as of the general arrangements for the Congress, and for the festive gathering at which they were then met. Passing on, he spoke as a Liverpudlian in terms of admiration and goodwill towards Bristol. They looked to Bristol as a seaport, and remembered that they in Liverpool were only children, so to speak, when Bristol was a flourishing community. He understood that some Liverpool shipowners were turning their attention to Bristol, and he had been told that some of the citizens looked forward to a considerable extension of the American trade, the Montreal provision trade at any rate, through the contemplated operations of Elder, Dempster and Co., of Liverpool. They would all join heartily in wishing prosperity to Bristol. (Applause.)

The PRESIDENT remarked that while looking at that noble river, the Avon, at low water (laughter), with its beautiful expanse of mud, he was reminded of a story that was told him by a friend the other day. In Harrogate there was a certain tradesman who had made a large fortune in business and in speculation. He died, and left the fortune to a bachelor brother-in-law, who was also in business as a shop keeper. Although inheriting a quarter of a million, the legatee did not like to give up business, to which he had been brought up, but it was represented to him that it scarcely became a quarter of a millionaire to be tied to the drudgery of a counter, when he might be going abroad in the world and expanding his mind. Accordingly, he sold up his business in Harrogate, at a very good profit (laughter) and retired—he was going to say on his laurels, but on his brother-in-law's laurels—and remained about Harrogate for some months, until it was urged upon him by the friends who were so solicitous about his state of mind and general culture, or want of it (laughter), that he ought to travel. So at length, having obtained the leisure which so many people desire, especially doctors (hear, hear), he set out upon his travels. This Ulysses from Harrogate went out intent, as he thought, upon investigating a new continent. The question was asked how far he had gone, and what he had gone to see by way of beginning his education. Much to his surprise, his friend was told that he had gone to see the Manchester Ship Canal. (Much laughter.) It was just possible that if they kept a sharp look out they might see him in Bristol inspecting the Avon. (Laughter.)

The Rev. J. G. ALFORD, Vicar of St. Mary's, Stoke Bishop, whose name was coupled with the toast, made a vigorous speech in response. It seemed a little sarcastic that the toast of prosperity to Bristol should be proposed and supported by Liverpool gentlemen. As a Bristol man of nearly 25 years'

standing, he would suggest that the toast should not have been "Prosperity to Bristol," simply, but continued and increasing prosperity. (Applause.) They would be glad to know, seeing the kind terms in which they had spoken of Bristol, that though other places had far surpassed her as a port, yet Bristol had by no means gone back. The town had steadily increased in size and prosperity, and at the present moment was much larger, and more important as a port, than ever before. There was a day when Bristol stood second to the Metropolis, and though she stood far behind that position now, yet her trade was far smaller then than in the present day, and it was not that she had decreased in size and importance, but that other towns had made more rapid progress than she had. As fellow-countrymen, they were proud of the progress of any town, and they in Bristol were not so jealous for their own locality as not to cordially wish prosperity to Liverpool in return. It was for the glory of the country that any place should rise and prosper as Liverpool had done. They could not expect the same great things from that little muddy river which the President had spoken about, even though it had a bridge across it 300 feet high, as from the magnificent Mersey at Liverpool, with its beautiful tunnel underneath. (Laughter.) He would be more at home in passing to say a word or two as to the See of Bristol. There, again, Liverpool had forestalled them, for though Bristol was an ancient See, the Bishopric had been joined with Gloucester for 60 years past, and only that very day he had had the great pleasure of hearing, at the afternoon service in their cathedral, the declaration of the Dean and Chapter that they had elected the Right Rev. Dr. George Forrest Brown, Bishop of Stepney, to be Bishop of Bristol. (Applause.) And speaking of clerical work and of the clergy, he could not but feel that theirs was a kindred profession, and that there was between them a great bond of union. (Hear, hear.) There was One in days of old Who went about doing good, as they did, and as he (the speaker) and his co-workers tried to do, and He did it in two ways. He preached the Gospel, and He healed the sick. There, then, was their bond of union. It gave him great pleasure to accept Dr. Williams's invitation to come among them and say a few words on behalf of the town in which he had so long worked, because he felt that there, and he doubted not in other towns also, that bond was maintained. (Applause.) The medical gentlemen of this country were doing a splendid service to the community. They not only healed the sick, but by their example as Christian gentlemen it might be said that they preached the gospel as well. Having spoken of the medical profession generally, let him say a word in conclusion with especial reference to that part of it to which they

belonged. If he had lived in Bristol for nearly a quarter of a century, he had lived under homœopathic treatment for just half a century. (Applause.) As a boy, one of his earliest remembrances—he was brought up in London—was of the celebrated Dr. Kidd, of Blackheath, and since he came to Bristol to take up his clerical duties he had been most happy and fortunate in having had for nearly 25 years the valued friendship and medical advice of their esteemed colleague Dr. Williams. (Loud applause). It gave him the greatest possible pleasure to meet them, and to wish them prosperity in their grand work, in return for their good wishes to the city to which he belonged.

The PRESIDENT here observed that before calling upon Dr. Hughes to propose the next toast he should like to express the sentiments of those present respecting an unfortunate omission from their list. There was one toast which ought to have been included, and which would have commanded their cordial approbation, viz., the health of absent members. (Loud applause). They missed from that annual assembly, for about the first time in his recollection, the familiar face of Dr. Clifton, of Northampton. (A voice: Dudgeon! Pope!). He was about to couple the name of Dr. Dudgeon with that of Dr. Clifton. They wanted their veterans to live for ever. He had had an idea that Dr. Clifton had found out the secret, but he was sorry to hear that he was in bad health, and was obliged to remain at Harrogate under treatment. Other names would occur to them of friends to whom it would have given great pleasure to have been able to attend, as in former years. With these few remarks as to absent friends, he would ask Dr. Hughes to propose the next task, a toast with which he was so fully in harmony, and which he was so well qualified to undertake. (Hear, hear).

Dr. HUGHES, who was warmly received, said it must have been with a smile that some of them heard Dr. Proctor call upon him to propose that toast—"The Ladies"—but he was quite willing to admit the soft impeachment. (Hear, hear, and laughter.) There was no toast that he could commend to their acceptance with greater pleasure than that of the ladies who had honoured them with their presence that evening. (Applause.) After speaking in chivalrous terms of the ministrations of women, who gave half its charm to life, and more than half its happiness, Dr. Hughes passed on to propose also the health of other guests present, making special reference to the Rev. J. G. Alford, and the Secretary-Superintendent of the London Homœopathic Hospital, to whom they were so much indebted, Mr. Cross. (Applause.) No one knew how much that institution owed to Mr. Cross, to his judicious and untiring efforts—how far it was due to him

that this great hospital stood now free from debt, with a sum of £48,000 paid for it, and ready to receive within its walls the 100 patients whom it could accommodate at one time, and the numerous out-patients who also availed themselves of its services. He asked them to drink, as well as the toast of "The Ladies," the healths of their other guests, especially wishing more success to Mr. Cross, and trusting that he would long be spared to continue his good work for their cause. (Loud applause.)

Mr. G. A. Cross, in reply, said Dr. Hughes had spoken of him in too flattering terms. That he had some work in connection with the Homœopathic Hospital in London was pretty generally known, and he did claim to love the hospital, and to have worked very hard for it, and he shared their hope that he should be spared for some years yet to work hard for it in the future. He had been so often associated with many of the members of this Congress that he could not quite make up his mind whether he was really a guest, or one of the family. (Laughter.) But when he went into the lecture room at the hospital, and saw the awful diagrams which the medical staff there displayed to their admiring and enthusiastic students, he realised that he certainly could not be one of the family after all. Following up what had been said by Dr. Percy Wilde, he should like to add his testimony, as a layman, to the tremendous energy and enthusiasm with which the medical staff at the hospital were now carrying on the work. (Hear, hear.) He could of course remember the career of the institution for many years past, and he had seen a good many changes in the staff. They had at all times worked most enthusiastically and earnestly for the general advancement of the cause of homœopathy, but he trusted he would not be considered presumptuous when he said that he had never before seen anything like the tremendous activity and energy that was manifested by the hospital staff at the present day. (Applause.) The speaker concluded by responding in a few appropriate remarks on behalf of the ladies for the reception given to that part of the toast.

Dr. Nankivell, in proposing the final toast, that of "The President," said: I am sorry to say that I can look back for a space of some 88 years, more than 80 years at any rate, to the time when I was house-surgeon at the Hardman Street Dispensary in Liverpool—an institution towards which I have always cherished the utmost gratitude for the kindness with which I was received there, for the instruction which was bestowed upon me, and for the work which I was there enabled to do. (A voice: And did well). I remember one evening being told that we were to receive a visit from a rising young homœopath, Mr. Peter Proctor. (Applause.) I remember

as well as if it were yesterday how Mr. Proctor appeared on the scene, and captivated both myself and the house surgeon who was associated with me, in five minutes. After I left Liverpool a very considerable time elapsed before I met him again. I believe that when I did meet him again it was in this ancient and historic city, and I do not forget the most excellent and enlivening speech with which he regaled us on that occasion. I have met him, I think, once since, and then not again until to-day, but I think you will all agree with me that a more excellent President we have very seldom had. (Applause.) I may, without any flattery at all, associate him with such well-known names as Dr. Arthur Clifton and Dr. Dudgeon. (Hear, hear.) We expect from each of our Presidents some individual mark of distinction, and Dr. Proctor has distinguished himself alike by his very able and learned address, and by the ability and power with which he has conducted our proceedings throughout the day. (Applause.) We shall carry away with us from Bristol the most happy remembrances of his aptness of quotation, of his incisiveness of repartee, of his mastery of the English language and of English thought, of his knowledge of how to address himself to the hearts and souls of his colleagues. (Applause). I most cordially ask you to raise your glasses and drink to the health of Peter Proctor, our President of 1897. (Loud applause, followed by the singing of "For he's a jolly good fellow," and cheers.)

The PRESIDENT: Ladies and Gentlemen,—The very flattering terms in which I have been referred to by my old friend, Dr. Nankivell, reminds me, I am afraid only too truly, of an incident that I have heard of. (A laugh.) There was a certain disreputable character in an English village (renewed laughter)—a butcher, a drinker, a fighter, and a man who was generally in trouble. He was up before the magistrates every six weeks; and he was such a nuisance to the neighbours that they tried to shift him; and the opportunity occurred for getting him, not transported exactly, but—under another name—emigrated. A grant of land had been promised in the colonies, and Government assistance to carry out certain characters, who were eligible. (Laughter.) And the neighbours of this rip thought this was an opportunity not to be lost sight of. They accordingly got up a memorial, signed by a certain number of respectable inhabitants——lawyers, and doctors, and ministers—to certify to his good character. They were so anxious to get rid of him that they endowed him with all the virtues under heaven, in the hope that the Colonists might be improved by his society, and so relieve them of a great incubus. The man had to take this memorial to the Government office, and of

course he read it, and he said to himself: "I had no idea that I was so much respected (laughter and applause), and finding that I stand so high in the good graces of my fellow-townsmen, I am determined never to leave them." (Renewed laughter). Well, ladies and gentlemen, that seems to be my case. I find that I stand so well with my friends, my homœopathic friends —who probably may have been otherwise glad to get rid of me—that I am determined to inflict myself upon them for the remainder of my natural life. (Applause.) My official life is within a few seconds of its close, and I quite recognise that you have borne in mind the good old Latin motto, "*De mortuis nil nisi bonum.*" As a moribund President, I recognise Dr. Nankivell's eulogium as my epitaph, and finding that it is such a gracious epitaph, I say from my heart that I am very much obliged to you for the good opinion you have expressed, and for the cordial way in which you have received Dr. Nankivell's flattering address. As President, I sink out of existence now, and wish you all good-bye. (Loud applause.)

This brought a very pleasant evening to a close, and the party broke up.

NOTABILE.

NORWICH HOMŒOPATHIC DISPENSARY.

From the Annual Report, 1896-97, we make the following extracts.

The Committee of the Norwich Homœopathic Dispensary have to report at the close of another year that the work has been steadily and successfully carried on.

Nearly 1,000 home visits and over 2,000 consultations at the Dispensary prove that this charity is fulfilling a needed mission.

Attendance at the Dispensary on Friday afternoon, at 4 p.m., for treatment of diseases special to women has been carried out, and useful and successful work has been done in that department.

One special feature of the work is that no case is refused attendance or discarded on the ground of incurability, but even in hopeless cases all is done that is possible to relieve, whilst the feelings of the patient are thus considered at a time when there is the greatest need for such consideration.

The finances of the Institution are in a flourishing condition.

Dr. E. B. Roche & Dr. F. Layton Orr are the medical Officers.

OBITUARY.

HUGH CAMERON, ESQ.

With very much regret do we record the death of one of the last survivors of that band of earnest, zealous, and self-sacrificing members of the profession, who were the means of placing the practice of medicine, homœopathically, upon a firm basis in this country.

Hugh Cameron was a member of an old Highland family, occupying a good position in the north of Scotland, but one which was financially smashed by the "Rebellion" of 1745. An ancestor, from whom he was directly descended, was one of the leaders of the "rising," and was compelled to fly for his life after the battle of Culloden. The family of the Marquis of Breadalbane protected him, and he escaped, ruined in worldly possessions, but ever retaining the high character that had always belonged to him, of a brave and accomplished Highland gentleman. His father, also through the influence of the Breadalbane family, obtained a commission in a Highland regiment, resigning which, soon after his marriage, he retired to Killin in Perthshire, where our old friend who passed away on the 20th ult. was born in 1810.

Mr. Cameron received his education in Perthshire and Edinburgh. In Edinburgh he went through the curriculum of the College of Surgeons, of which he became a licentiate in 1831. He remained in Edinburgh for another year in order to devote special attention to geology and meteorology at the University, favourite branches of study with him, which, while working for his diploma, he was obliged to desist from pursuing. During this year (1832) Edinburgh was the scene of an epidemic of cholera, and Cameron was one of eleven recently qualified young men, who volunteered their services to the city. From February to October, he was in charge of one of the cholera hospitals of the city, and there gathered that large amount of experience which proved so invaluable to him, when, in September, 1854, he, as an honorary medical officer, had charge at the London Homœopathic Hospital, then in Golden Square, of the cholera cases which the institution was cleared of ordinary patients in order to receive.

On leaving Edinburgh, Mr. Cameron travelled with an invalid for nearly three years through Turkey, both European and Asiatic, Greece, the Archipelago, Sicily and Italy, concluding the tour by spending a winter in the Alps.

Returning home, Lord Breadalbane took him with him to his London house, and there he met Dr. Quin at dinner. He was well prepared to meet the pioneer of homœopathy in this country, as he had attended, whilst a student, Dr. Fletcher's lectures on physiology, in the course of which Fletcher gave three lectures on homœopathy, lectures of a thoroughly scientific and appreciative character, lectures which no medical teacher of the present day dare deliver, even if his study and experience had rendered him competent to do so. He had also seen somewhat of the practice of homœopathy in Turkey.

Shortly afterwards, he was appointed to be the resident medical attendant of the Marquis of Anglesey, who, it will be remembered, lost a leg at Waterloo, and ever after suffered

from neuralgia of the stump. With him Cameron remained in the same capacity for nearly twenty years. During this time he had consultations repeatedly with Hahnemann in Paris and Quin in London. He had thus the advantage of an introduction to the best society in London, and became on terms of intimate friendship with some of the most eminent members of the profession, and especially so with Liston, of University College Hospital, and Fergusson of King's College. His friendship with Quin ripened into the warmest attachment and terminated only with his death. There was something picturesque about the affection which these two men had for one another. Cameron showed throughout his life that loyalty and devotion to Quin which can be compared only to the loyalty and devotion which the Highlander exhibited towards the chief of his clan. We believe that he enjoyed no greater pleasure than when, at the Hahnemann dinners of late years, he proposed a toast to the memory of his departed friend, and never did he weary in recounting all that Dr. Quin had accomplished towards extending a knowledge and promoting the development of homœopathy. In the constitution of the British Homœopathic Society, in the preparation of the laws, which have, with slight modifications, since governed it—a preparation to which Quin devoted several years—Cameron assisted him as a secretary. When the work was completed and the Society formed at a meeting held at Quin's house in 1844, he was one of the eight members who formed it—and with his death the last of those eight members disappears from amongst us. His engagement with the Marquis of Anglesey having terminated, he married and settled in London. Here, being already well known to many in the highest ranks of society, and warmly supported by Dr. Quin, he rapidly acquired a large and influential *clientèle*. As a practitioner, Mr. Cameron was ever most careful and painstaking. He took notes of every case he saw, whether at his own house or when visiting, devoting much time every night to the elaborating of the brief notes he had made during the day, studying his cases and verifying the accuracy of the prescriptions he had written by the light of the Materia Medica. These notes we have heard fill many volumes, and testify to the conscientious way in which he pursued his professional duties. If to this laborious care we add the quiet gentleness and sympathy of his character, his great success as a practitioner of medicine among members of the most fastidious and exacting class of society becomes no matter of surprise.

Having assisted Quin in forming the British Homœopathic Society he became equally zealous in aiding him to establish the Hospital; first, in procuring funds and then in carrying on the work in Golden Square, "the spot," as he said at the

Hahnemann dinner in 1894, "the spot where homœopathy first won its spurs in London by the marvellous success and triumph which it obtained in its glorious struggle with that terrible outbreak of cholera in 1854, amid such appalling scenes of mortality and terror as no one who witnessed them can ever forget or care to think or speak of. As a volunteer assistant to one of the first cholera hospitals in the epidemic of 1832 in Edinburgh, I thought that no horrors could exceed what I witnessed then, but they were as child's play in comparison." The treatment of the cases in the hospital was carried out by Dr. Hamilton and Mr. Cameron with Dr. Mackechnie as house-surgeon, to whose devotion by night and by day Mr. Cameron paid a warm tribute. In a letter addressed to him by Dr. Macloughlin, the Government Inspector of Hospitals, the writer in the fullest and most generous manner, attested the true character of the cases and the great—the unusual—success which attended the treatment of them. This letter was, on the occasion of the dinner referred to, presented to the Society by Mr. Cameron to be preserved among its archives.

In the British Homœopathic Society, as an original member and as having been actively associated with its first President in its formation, he was, as will readily be supposed, most deeply interested. During his years of health and vigour he was a constant attendant at its meetings. In 1865, 1866, and 1871 he filled the office of Vice-president, and in 1893-4, the year of the Society's jubilee, he took that of President, and as such filled the chair at the Hahnemann dinner when, with the memorial of Hahnemann's birthday, the jubilee of the Society was celebrated. His speech on that occasion was full of interest. (*M. H. R.* Vol. xxxviii., p. 801.)

He retired from practice in 1881, being succeeded by Dr. Harper.

Mr. Cameron's great strength lay in his private character. Professionally he set before himself the highest standard of honour; and he ever acted up to it. No matter what the provocation, never was he known to retaliate by anything that might savour of conduct professionally dishonourable. Speaking at the Hahnemann dinner in 1887 he said:—"If our brethren of the other school disown us, deny us the common fellowship of our glorious profession, refuse us the common courtesies and treatment of gentlemen, prig our patients, and are guilty of many other atrocities of conduct towards us, never mind them, they will have their reward. Never attempt to imitate them, never retaliate their own cruelty upon them, for that would be to adopt their example, which we repudiate; but go steadily on, the star of honour for our guide, to our goal, and we shall come in victorious while they make a wreck

of themselves." This was no mere theoretical advice, but advice representing the uniform practice of his life. Courtesy and kindness to all were marked features of Mr. Cameron's character, and his quietness and gentleness, in whatever position he might be placed, were equally striking. Characteristics of this kind, when real and proceeding from the heart, are everywhere recognised. We remember being very much struck with seeing this in the instance of our deceased friend, when, being in the Highlands on a holiday tour, we passed a few hours in Killin, his native town. Meeting with some of the old inhabitants and asking them if they remembered Mr. Cameron (who, we should say, generally spent a few weeks there every summer, until three or four years ago), one and all showed the greatest pleasure in hearing his name, in giving instances of his kindness to them in years gone by, and desiring that messages of the most warm-hearted character should be taken to him. Mr. Cameron's interest in the Hospital and Nursing Institute are well-known, and his kind and genial presence when able to visit the wards was warmly appreciated by the nurses. A slight but elegant token of the esteem in which they held him was seen at the jubilee celebration of the Society, when the Lady-Superintendent and nurses sent a beautiful bouquet of flowers to be placed on the table before him. Wherever he went, whether among friends or patients, the rich or the poor, in the Highlands or in London, there was but one feeling for Mr. Cameron, and that feeling was one of affection.

His health, during his long life of nearly 88 years, had been generally excellent, and his strength had been well preserved. In the autumn of 1898, he was able to be on the moors with the shooters. The following year, he paid a long visit to Scotland, but, on returning home, he complained of severe headache and great weakness. After some temporary improvement he became very ill, and his life was for a time despaired of. He rallied, and though confined to bed, was able to see old friends and enjoyed doing so. In this condition, slowly going down hill, he was carefully watched over by his devoted wife and daughters, his medical wants were provided for by his successor in practice at Hertford Street, Dr. Harper, and his old friend and neighbour Dr. Carfrae, and with the aid of the constant care of one of the nursing staff of the Hospital he loved so well, his long struggle with the weakness incident to old age, and consequent upon disease, received all the alleviation which art and affection could bestow.

The funeral took place on Saturday, the 23rd ult., at the Brompton Cemetery. Among those who were present were Dr. Harper and Dr. Carfrae, Mr. Cameron's medical attendants, Dr. Byres Moir representing the British Homœopathic

Society, and Mr. G. A. Cross, representing the Board of Management of the Hospital. The coffin was borne to the grave covered with those tokens of affection for the deceased —wreaths of flowers, some fifty or sixty in number.

His widow and three daughters survive him, and we are sure that in expressing our deep and heartfelt sympathy with them, in parting from one they loved so long, so deeply and so well, we are joined by every member of the profession who knew Mr. Cameron.

CORRESPONDENCE.

THE ACTION OF DIPHTHERIA ANTI-TOXIN.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I very much enjoyed Dr. Johnstone's able paper on serum-therapy. If I followed his arguments rightly, they were as follows:—First, the culture of the diphtheria bacilli; next, the injection of this toxin into the horse until it renders the animal immune; then, the taking blood from the animal, separating the serum, and injecting this serum into the diphtheritic patient.

If I understood Dr. Johnstone, the toxin injected into the horse produces diphtheria, though there is no affection of the fauces, and no development of the diphtheria bacilli, the symptoms being only increase of temperature and sometimes a swelling. The injection of this serum into the child produces rise of temperature but no affection of the fauces. This appears to me to be a similar effect to that produced in the horse. If this is so, and the horse had diphtheria, the serum from the horse must contain the diphtheritic poison, which is injected into the child for the cure of diphtheria. Is this so, or is it not possible that the disorder produced in the horse is not diphtheria, but an artificial disease similar in some respects to diphtheria. If so, the serum from the horse, injected into the child, would produce an artificial disease, in some respects similar to diphtheria, which would overcome the diphtheritic disease. Would this be homœopathy?

Yours, &c.,

Clifton. SAMUEL MORGAN, M.D.

DR. PROCTOR'S PRESIDENTIAL ADDRESS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The pleasure with which those present at the Homœopathic Congress at Clifton listened to their President's address found expression in the desire to have it in pamphlet form for distribution. One thousand copies were bespoken then and there, and as many not then present may desire to obtain copies, I have arranged with Messrs. Gould & Sons that they will supply them at the rate of 2s. 6d. for 25 copies.

Smaller numbers will cost 2d. each, or 12 copies 1s. 6d. post free. Stamps or P.O. should be sent with order. Hoping that many may use this opportunity of spreading this useful and impressive address.

Yours faithfully,

Norwich. E. B. Roche.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Authors and Contributors receiving proofs are requested to correct and return the same as early as possible to Dr. Edwin A. Neatby.

Errata.—Dr. Proctor's Presidential Address at page 580, line 5 from the bottom, for "tales" *read* "lines. Page 592, line 20 from the bottom, for "heterogeneous" *read* "heterogenous." Page 606, line 5, omit the words "to him" and the comma following them.

Enquirer.—We have been informed that Dr. Ernest E. P. Tindall, formerly of the Royal Navy, who had the charge of the late Dr. Woodgate's practice during his long illness, has succeeded him in Exeter.

Mr. Gerard Smith has removed to 8, Nottingham Place, W.

We regret that on account of the Congress report, &c., we are obliged to defer a number of papers of exceptional interest until our next issue.

Communications have been received from Dr. Storrar (Southport), Dr. Proctor (Birkenhead); Dr. Nankivell, Dr. Ord (Bournemouth); Dr. A. H. Croucher (Eastbourne); Dr. Alexander (Plymouth); Dr. E. B. Roche (Norwich); Dr. Morgan (Bristol); Mr. Gerard Smith, Mr. Johnstone, Dr. Bodman, Mr. Picken, Dr. Day, Dr. Burford (London).

BOOKS RECEIVED.

Journal of the British Homœopathic Society. Oct. London.—*Answers to Questions Concerning Homœopathy.* By J. T. Biddle, A.M., M.D., Monongerhelar City, Pa. Philadelphia: Boericke & Tafel. 1897.—*Dr. Gangadin Vindicated.* Dinapore.—*Homœopathic World.* Oct. London.—*Medical Reprints.* Oct. London.—*Chemist and Druggist.* Oct. London.—*Calcutta Medical Journal.* Sept.—*Launceston Examiner.* Sept. 18th. Tasmania.—*North American Journal of Homœopathy.* Oct. New York.—*Homœopathic Eye, Ear, and Throat Journal.* Oct. New York.—*Medical Times.* Oct. New York.—*Medical Century.* Sept. New York and Chicago.—*The Journal of Ophthalmology, Otology and Laryngology.* July. New York.—*New England Medical Gazette.* Oct. Boston.—*Hahnemannian Monthly.* Oct. Philadelphia.—*Homœopathic Physician.* Sept. Philadelphia.—*Hahnemannian Advocate.* Sept. Chicago.—*Journal of Orificial Surgery.* Sept. Chicago.—*The Clinique.* Sept. Chicago.—*Pacific Coast Journal of Homœopathy.* Sept. San Francisco.—*Southern Journal of Homœopathy.* Sept. Baltimore.—*Homœopathic Envoy.* Oct. Lancaster, Pa.—*Minneapolis Homœopathic Magazine.* Oct.—*Revue Homœopathique Belge.* Aug. Brussels.—*Leipziger Populäre Zeitschrift für Homöopathie.* Oct.—*Allgemeine Homöopathische Zeitung.* Sept. and Oct. Leipzig.—*Archiv. für Homöopathie.* Aug. and Sept. Dresden.—*Homœopathisch Maandblad.* Nederland.—*Revista Homeopatica.* Sept. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. Pope, 19, Watergate, Grantham, Lincolnshire; Dr. D. Dyce Brown, 29, Seymour Street, Portman Square, W.; or to Dr. Edwin A. Neatby, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. Gould & Son, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE ART OF HEALING.

The *British Medical Journal*, of the 6th ult., devotes an article to a short commentary on one appearing in the *Catholic Times* of the 15th of October, entitled the *Art of Healing;* the writer of which states that the practitioners of medicine in the earlier years of the century, through prosecuting scientific enquiries as to the origin of species and making researches into the topography of nervous diseases, despaired of the cure of disease, almost despised the humble art of healing, and, as a relief from this scepticism, betook themselves to the study of sanitation. Valuable as the result has been, the writer truly says that, "no scheme of sanitation can ever be a substitute for the art of healing." The aim of sanitation is the *prevention* of disease, the object of the art of healing is the *cure* of disease, when, through the absence, imperfection or failure of sanitation to prevent disease, it has actually occurred and is threatening the life of the individual. No medical man who is alive to his duty to the community can permit himself to neglect either *sanitation* or *therapeutics*. Hahnemann in the opening paragraph of *The Organon of Medicine* writes, "The Physician's high and *only* mission is to restore the sick to health, to cure as it is termed." At the time when the *Organon* was published (1810) nothing approaching

systematic *sanitation* was known or thought of. HAHNEMANN himself was the author of the only treatise relating to subjects which are now classed under this heading, one entitled *The Friend of Health*, published at Frankfort on the Main in 1792, but he never regarded sanitation as representing the art of healing, but rather, as it is, the art of preventing disease.

Again, the writer of the article in the *Catholic Times* is in error in supposing that the feeling of despair which led men to despise the humble art of healing arose from their study of natural history or of pathological anatomy. It was not so. This despair and neglect arose from the impressions produced by the observation of disease treated by the measures in vogue during the earlier years of the century, the venesections, salivations, purgings, sweatings and so on, impressions which convinced the observers that the patients were a great deal more likely to recover from disease if left to nature, as it was termed, than when it was sought to promote their restoration by the "humble art of healing." SKODA and DIETL, of Vienna, found that they obtained better results by their "expectant" methods than their contemporaries did by their "heroic" measures. Sir JOHN FORBES, writing of therapeutics in 1846, said "things have arrived at such a pitch that they cannot be worse. They must either mend or end."

It was at first the suspected powerlessness, then the demonstrated uselessness of the "humble art of healing" as practised at that day, that gave birth to the therapeutic agnosticism, which led medical men to devote their attention to sanitation.

Referring to the medical practitioners of the past, the newspaper from which we have quoted says:—"It is not a pleasant task to scourge a passing generation. They are entitled to our respect, and have gained our affection. The comfort and consolation of their presence in the sick room is not denied. All we assert is, that they devoted their scientific hours to studies without practical issue, and that they failed to advance the art of healing." In short, the medical investigators of the earlier years of the century, with some notable exceptions, went the wrong way to work to achieve the object they had at heart—the advancement of the art of healing. Of these exceptions, the most notable was HAHNE-

MANN. "He saw," said the late Dr. BRISTOWE, "He saw through the prevalent therapeutics of the day; he laughed to scorn the complicated and loathsome nostrums which even at that time disgraced the pharmacopœias: and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems, which then and theretofore had prevailed in the medical schools." Having done so he did not devote himself to furnishing pathological museums with specimens of morbid anatomy in order to discover the curative properties of drugs or the means of utilising them in the practice of the art of healing.

In the course of his commentary upon this article the editor of the *British Medical Journal*, in one entitled "*Cur Frustra?*" writes:—"In the minds of laymen there is always an idea that physicians can find out how to cure disease without knowing what disease is. Happy accident has occasionally given us such power, *but there is no clue to guide us in the search for such chance.*" It was in the endeavour to find this clue, and to provide the means enabling it to be utilised at the bedside when discovered, that HAHNEMANN occupied himself during his first six years of the last decade of the eighteenth century. The result of his researches and experiments was homœopathy. The aim of his researches was to ascertain the actions of remedial agents for the purpose of applying them to the relief of human suffering. To accomplish this "we should," he writes, "trust as little as possible to chance, but should go to work as rationally and methodically as possible." By studying in this way he produced from out of the long buried past, the clue to guide us in the search after that which up to his day had only been obtained by "happy accident," and indeed is even now, by those who refuse to accept or examine his teaching, rarely secured in any other way, as Sir WILLIAM GOWERS showed some two years ago. Having shown how medicines ought to be chosen, he proceeded in the same rational and methodical manner so to enquire into the properties of drugs as to admit of their being used by the light this clue afforded.

To-day we are told by the "guide, philosopher and friend" of a large section of the profession that "the only possible method in which our efforts can advance

treatment is by applying such drugs or such methods as seem likely (from our knowledge of physiology, pathology and therapeutics) to have an effect on the given case." The difference between "happy accident" and "such drugs or such methods as *seem likely*," does not strike us as being considerable. Again, we are informed that "the question every physician sets himself is, What tissue is diseased in this patient, and by what process is it affected? If he can tell so much, then, from the known action of treatment in other cases, he reasons that such and such treatment should be applied here. If he cannot make these enquiries and cannot thus reason, he has no ground for supposing that any of the resources at his disposal will be more effective than raw apples." This is a plausible but utterly mistaken and erroneous mode of throwing a *quasi* scientific halo around empiricism *pur et simple*.

The profoundest knowledge of physiology or pathology has hitherto proved to be inadequate to make known to us the mode of action of a drug or how to apply it. They will, however, teach the practitioner that in the majority of cases "raw apples" will be worse than non-effective. Invaluable, and essential to the successful practice of medicine as they are, physiology and pathology are of comparatively little assistance in the selection of a drug remedy, and of as little in the study of its action with a view to its use in the relief of suffering from disease. They are useful and necessary to the physician, inasmuch as "very many cases of severe suffering, and even of what threatens to become fatal disease, occur in general practice, which call for and are successfully met by the application of scientific knowledge apart from therapeutics." In such cases "an extensive and thorough knowledge of physiology, pathology and hygiene are indispensable to the physician, to enable him to make that preliminary analysis of a case by which he shall determine under what category the case belongs, and whether or not it calls for treatment by medicines in part or entirely, or whether it comes under the domain of therapeutics or not."*

* Dr. Carroll Dunham, M.H.R., vol. viii., p. 393, and *Homœopathy the Science of Therapeutics*, p. 6.

This is the sphere of physiology and pathology—together they determine our diagnosis, prognosis and the source whence relief may most certainly be sought, whether from drugs (therapeutics), from surgery, or from hygiene—the knowledge of drug-action, or the mode of presenting drugs, or the method of acquiring a knowledge of the properties of a drug they do not directly provide.

The writer in the *British Medical Journal* concludes by telling his readers that "if a man knows where to find a thing, it does not take him long to find it." This is as comforting a platitude as a writer on traditional therapeutics could devise! "But," he goes on to say, "the secrets of nature are among the things whose hiding places we do not know." This, however, is not the worst, for he adds: "We have no clue before we begin to search where they will be hidden, and we have no other way than 'to seek diligently' until we find them."

HAHNEMANN pointed out, one hundred years ago, how the "secrets of nature," so far as they concern drug action, might be routed out from their hiding places, and he further established the "clue," which would guide us in utilising these secrets so as to obtain relief of human suffering from disease; and all physicians who have, during the years which have elapsed since the result of his enquiries were published, availed themselves of his teaching, have endorsed its truth. The only men who have protested against it as "a fraud and a folly" are those who never put it to the clinical test, who never made any honest enquiry into its validity.

During all these years physicians have had ample evidence before them of where they might successfully search for the clue, how so to use drugs as to assist them in promoting the cure of disease; but they have persistently gone on the wrong track in their search. They have yet to realise that the study of therapeutics is one thing, that of physiology another, while pathology is something distinct from both. Each branch of study is essential to the equipment of a practitioner of medicine. But inasmuch as, we have it on the authority of the physician appointed to deliver the Address in Medicine at an annual meeting of the British Medical Association that, "therapeutics is that department of medicine of which

we know least," it is of the highest importance that it should receive the closest investigation of any of the branches of knowledge to which the student of medicine directs his attention. And yet we find that, so recently as last year, the Royal College of Physicians withdrew from the subjects of examination for their general practitioner's licence that of pharmacology, "the science of the action of remedies which deals with the modifications produced in healthy conditions by the operation of substances capable of producing modifications"—a science without which a real knowledge of therapeutics is impossible. Its study has had a wet blanket thrown over it by the chief medical authority in the country! The cause is not far to seek. The late Dr. BRISTOWE, in his address on medicine at the British Medical Association Meeting in 1881, speaking of pharmacology said, "We must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body." (*British Medical Journal*, Aug., 1881.) This may be an excuse for excluding this branch of study, but it is, like all other excuses for abstaining from any enquiry as to the method and aim of homœopathy, an unreasonable excuse, one based upon pure ignorance and deeply rooted prejudice. Especially does it appear so, when we find Dr. MURRELL (*Lancet*, Feb. 22, 1896) stating that "pharmacology is the basis of therapeutics and of all rational treatment." This being admitted—and it is so, not only by Dr. MURRELL but by many other teachers of therapeutics, both in Universities and at Hospital Medical Schools—the late Dr. BRISTOWE'S *dictum* just quoted becomes strong evidence of the truth and value of homœopathy.

"Medical men" says the writer in the *Catholic Times* "have no right to forget that the main object of their life should be the relief of suffering humanity." This object can only be obtained by the more diligent and accurate study of therapeutics; a study which, without a careful clinical investigation of homœopathy, must ever remain imperfect, and inadequate to afford that degree of relief to the suffering sick which it is in the power of every physician to be able to afford.

A CASE OF DOUBLE OPTIC NEURITIS, ITS SIGNIFICANCE AND SEQUEL.

By A. Speirs Alexander, M.D., C.M.

Physician for Diseases of Eye, Ear, Nose and Throat, Devon and Cornwall Homœopathic Hospital.

An important part of the physician's duty to his patients and their relatives is to supply them with a correct prognosis of any given case. He may thus allay the lurking fear, dispel the gloomy foreboding, or cheer the desponding heart with renewed hope for the future. On the other hand, it too often falls to his lot to be obliged to hold up the signal of approaching danger. Even such an unwelcome task is fraught with mercy, for, a timely warning having been given, the rude hand of death cannot then be laid on the victim unawares.

The first step toward a correct prognosis is a correct diagnosis; and to arrive at the latter no subjective symptom should be discarded, no known means of physical examination omitted. A certain group of subjective symptoms, taken alone, might be strongly indicative of a given disease, and a cursory view of the case might lead to the diagnosis of that disease. But let one or more objective signs be added, and in a moment, the whole complexion of the case is altered, and the fallacy of the hasty diagnosis exposed. To take a familiar example:—A patient presents himself complaining of sharp pain in the side, so severe that he can hardly draw a breath. He is pale and anxious, has been awake all night, and perhaps tells you he was exposed to a cold wind yesterday, and is sure he is in for pleurisy. But when you put your thermometer under his tongue, you find his temperature normal; if you percuss his side, you find the note clear, and the stethoscope gives you a free respiratory murmur right down to the base of the lung. So you tell your patient he has only got *false* pleurisy, and, giving him a prescription for ranunculus bulb., send him away rejoicing, with the assurance that he will be well in a day or two.

But the converse of such a picture may also be met with, as when, for example, a set of symptoms, in reality

due to a grave organic lesion, is attributed to hysteria. Such was the case with the patient who forms the subject of this paper.

Early in 1897, Miss F., æt. 28, began to fail in health. It was noticed that she was somewhat forgetful, occasionally had a little difficulty in expressing her ideas, temper capricious—amiable with some, irritable with others—the patient herself jestingly describing her condition as "going dotty." About this time she also began to complain of sudden attacks of vomiting, though other symptoms of dyspepsia were absent. Appetite was unimpaired, and there was no loss of flesh. In the month of April, visual difficulties set in, and, on this account, in the beginning of May, advice was for the first time sought. The condition then noted included the symptoms already detailed, with the following additional particulars:—The chief visual defect complained of was diplopia, the double images being on the same level and parallel. This symptom was not, however, constant, being sometimes absent for hours at a time without apparent cause, and worse on some days than on others. The only other prominent subjective symptom at this time was aching pain, with tenderness to the touch, in the left occipital region. This pain, like the diplopia, was transient, and sometimes entirely absent. When present, it was occasionally attended by some stiffness of the neck. The variable character of many of the symptoms throughout the greater part of the illness—the vomiting, loss of memory, difficulty of speech, diplopia and pain—was somewhat deceptive, and, taken in conjunction with her known natural temperament, led the patient's friends, and also one or two medical men who saw her, to conclude that she was suffering from hysteria. Physical examination, however, resulted in a totally different and much graver interpretation of the condition. No defect could be discovered in any of the thoracic or abdominal viscera. Menstruation was regular, and the urine contained neither sugar nor albumen. No difficulty, up to this time, had been experienced in walking, but it was noted that the knee jerk was entirely in abeyance, while the plantar reflex was normal.

The interest and importance of the case naturally centred in the ocular examination.

Refraction, estimated by test types, was found to be as follows:—

R. V.=$\frac{6}{12}$, one letter, and J 12, with difficulty.

L. V.=$\frac{6}{18}$, two letters, and J 12, with difficulty.

Colour sense was then tested, when the only colour named correctly was yellow. The patient explained, however, that she knew what the different colours were, but could not repeat their names.

The perimeter revealed only slight contraction of the fields of vision for white, but no reliable answers could be got for any colours.

For the first ophthalmoscopic examination, homatropine was used, but increasing mydriasis subsequently rendered its use unnecessary. Observation by the direct method resulted in the discovery of double optic neuritis, of most intense degree. Both discs presented a deep red appearance, and were greatly swollen, the swelling encroaching on the retina to the extent of about twice the usual diameter of the papilla. The veins were enlarged, and appeared dark and foreshortened as they coursed down the sides of the swelling. Their exit from the disc, as well as that of the arteries, could not be made out, being concealed by the swelling. On the surface of the latter, white patches were here and there visible.

What did this grave condition of the fundi oculorum signify? Optic neuritis frequently accompanies the following diseases:—Chronic Bright's disease, lead poisoning, encephalic tumour (including syphiloma), meningitis—tubercular or otherwise, and, more rarely, cerebral abscess. In the case under consideration, the absence of albuminuria excluded renal disease, while the head symptoms already referred to, taken along with the papillitis, pointed strongly to an intra-cranial origin. At no time had there been any ear mischief, so that cerebral abscess was improbable, and in the absence of a phthisical family history, and of any manifestations in other organs, tubercular meningitis was negatived. There could be little doubt then that the optic neuritis was due to a cerebral tumour, either a glioma or sarcoma. The patient's relatives were therefore informed that such was probably the case, and a hopeless prognosis was given. The event proved only too conclusively the justice of this opinion.

For the ensuing three months, the patient's course was steadily downward, all the above noted symptoms, with occasional intermittences, gradually increasing in severity. Treatment was directed chiefly to the relief of suffering, and, though the root of the evil could not be touched, was to a large extent successful in modifying some of its painful consequences.

The drugs employed were, for the most part, camph. monobrom. 3x, for the cephalalgia, with apomorphia 3x, and occasionally kreasote 6, for the vomiting.

In July, a certain degree of aphasia manifested itself. The patient had before found occasional slight difficulty in expressing herself, but now it was noticed that she failed in naming various articles correctly, and that, when she attempted to write a note to a friend, incorrect words were used. The defect did not so much consist in miscalling objects, as in the disability to give them any name. Thus, when various articles were shown her, she always said she knew quite well what they were, but could not give their names. For example, a knife, a pencil, or a bunch of keys, might be placed before her, and she would always say she could not remember what they were called. Then, if one pointed to the keys and asked, "Is it a pencil?" she would reply, "No, that's a pencil," pointing to the correct article. Thus, when the name was suggested to her, she could at the moment repeat it, but could never give it spontaneously.

The power of walking and standing alone gradually failed, though movement of the limbs in bed was never lost, nor was there any anæsthesia.

The diplopia became more constant, and at times a slight degree of external strabismus of the right eye was noticeable. The right corner of the mouth also appeared to droop a little, and there was slight flattening of the right cheek.

For the first month or so, ophthalmoscopic examination showed an apparent increase in the neuritis, but by degrees the condition passed on to atrophy of the discs, with corresponding failure of vision. By the beginning of August, only the outlines of persons in the room could be distinguished, and by the middle of the month total blindness had supervened. About this time the vomiting, which had been largely in abeyance, recurred at frequent

intervals, the cephalic pains increased greatly in severity, and there were occasional clonic spasms, chiefly of the right arm and leg.

On the evening of August 27th, the patient fell into a comatose condition, with stertorous breathing, widely dilated pupils, unresponsive to light, convulsive twitching of the limbs; and, on the morning of the 28th, death closed the scene.

P. M. of brain, thirty-six hours after death.

The calvarium having been removed, the meninges were found to be healthy, and there were no adhesions nor exudation. The structures at the base also appeared normal. The brain was then placed base downwards, and a longitudinal incision carried through the left hemisphere from before backwards, opening up the lateral ventricle, and exposing the corpus striatum. In the substance of the occipital lobe, just behind the corpus striatum, an area of diffused reddish softening was discovered, measuring 2½ inches antero-posteriorly, and 2 inches laterally.

There was no corresponding pathological condition in the right hemisphere, and the remainder of the brain was apparently healthy.

The left occipital lobe was removed, and sent to the Clinical Research Association for examination, and in due time the following report was received:—"The red mass in the brain is a new growth. It has the structure of, and no doubt is, a round celled sarcoma. The vessels are such as one would expect in a sarcoma."

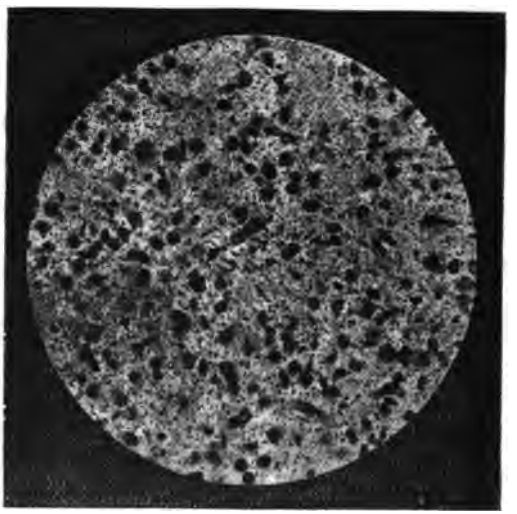
The accompanying engraving is reproduced from a photograph — kindly taken for the writer by Mr. L. E. Sexton, L.D.S.—of a microscopical preparation of the tumour.

A few remarks on the relation between optic neuritis and encephalic tumours may be here appropriate.

Various authors give different statistics as to the frequency of their associated occurrence, Gowers putting it at four-fifths of all cases. The position of the tumour does not appear to have any definite influence in the causation of papillitis, though it is said that the latter occurs more frequently in tumours situated in the posterior than in the anterior lobes.

The most important practical point is that whenever, in a case presenting head symptoms, double optic

neuritis is discovered, the existence of a cerebral tumour is almost certain.



The pathological changes involved in the production of optic neuritis in such cases may be briefly summed up by the following translation from Professor Fuchs: "Intra-cranial disease leads to disease of the optic nerve either through obstruction ("stauung"), or through advance of inflammation. Obstruction (or choking) is observed chiefly in those intra-cranial diseases which lead to an increase of pressure in the skull, and most frequently in tumours and hydrocephalus. In consequence of its growth, a cerebral tumour requires an ever increasing space within the skull. The latter being unyielding, an increased intra-cranial pressure results, by means of which a portion of the cerebro-spinal fluid is driven out of the skull. This flows partly towards the spinal marrow, partly towards the optic nerve. The spaces beneath the optic nerve-sheaths, which communicate with the lymph spaces of the meninges, are found to be distended with fluid (Stellnay). (Hydrops vaginæ nervi optici). . . . In consequence of the gathering of fluid in the nerve-sheath spaces, lymph choking occurs in the optic nerve trunk itself, that is to say, in the region of the lamina cribrosa, whose lymph apertures are connected with the nerve

sheath spaces. The œdema of the lamina cribrosa occasions a compression of the central vessels. This is noticeable earlier and in higher degree in the central vein of the optic nerve than in the central artery. As a quantity of blood is constantly flowing into the optic nerve, which, in consequence of the compression of the central vein, cannot be wholly carried away again, venous stagnation, and thereby swelling of the optic nerve occurs. This leads to the strangulation of the latter, where it is narrowed at its passage through the foramen sclerœ, and a high degree of œdema is consequently developed in the optic disc. The neuritis so originating, is not so much a genuine inflammation as an inflammatory œdema, and is most appropriately described as obstructive neuritis, or choked disc."*

OVARIOTOMY AT THE SEVENTH MONTH OF PREGNANCY: RECOVERY COMPLICATED BY INSOMNIA AND MENTAL ABERRATIONS, AND THEIR PROMPT SUBSIDENCE UNDER ACTÆA.

By George Burford, M.B.

Physician for Diseases of Women to the London Homœopathic Hospital.

The pregnant state is curiously tolerant of ovariotomy, and fortunate it is that this is so, for the additional risks pregnancy brings to ovarian tumours are various and grave. *Strangulation* of the cyst, from torsion of the pedicle; *rupture* of the cyst, and even of the uterus; and, specially with the smaller cysts, the most serious *hindrances to delivery* are to be apprehended. All these are real risks and have actually occurred in practice, and therefore the conjunction of pregnancy with ovarian cystic disease is of grave import.

Not only single ovariotomy, but even double ovariotomy may be and has been performed, after which pregnancy has safely gone on to term. I have before me a list of cases in which this issue happy alike to mother and child has eventuated; but it is essential in the case of double ovarian cyst that the operation be performed in the early months of pregnancy. Equally desirable is early interference when the cyst is single; but that in

* Lehrbuch der Augenheilkunde, p. 508.

this case a satisfactory issue may accrue both to the ovariotomy and the pregnancy, if operation be undertaken later, the ensuing case will show.

In the earlier part of this year, Dr. McKilliam, of Blackheath, was called to a lady seven months advanced in pregnancy, but in whom he diagnosed also an ovarian cyst of some dimensions. Apart from the distress due to the bulk of the mass, the patient was victimised with troublesome vomiting, which of late had become intractable. Nutrition was seriously impaired; discomfort was considerable, and the immediate outlook was the reverse of satisfactory. Dr. Joseph Kidd saw the case in consultation; the verdict was for an immediate ovariotomy, which was delegated to me to perform.

In May I performed the operation, removing a large ovarian cyst, arising from the left ovary. The uterus was normal to the date of pregnancy; the veins in the pedicle were large and numerous. The operation proceeded without complication; and for the first two days the convalescence was uneventful.

On and after the third day the mental condition of the patient underwent a noticeable change. Her conversation and replies were incoherent and disjointed; during the day a fatuous smile accompanied articulation, and her mental state seemed in general that of hebetude. There was also a persistent tendency to push down the bedclothes. At night the *tout ensemble* was that of irritability; she would repeatedly make efforts to get out of bed; and sleeplessness was pronounced. Belladonna was given at short intervals during the day, with gelsemium on the third night, aconite 3 on the fourth night, and a full dose of morphia on the fifth night. Of these remedies, the morphia only secured any sleep, and that merely for a short period of two hours.

In other respects the after-progress of the ovariotomy was normal, save and except a slight but recurring evening rise in temperature. As the sleeplessness seemed intractable, and the mental condition showed no signs of improvement, I asked Dr. McKilliam to meet me in consultation, that his knowledge of the patient's idiosyncrasies should be turned to account. At consultation he suggested the administration of actæa 1x, four times daily, which was accordingly prescribed.

The result was almost dramatic, the first night ensuing the patient had four hours of continuous sleep, the next night six or seven hours, and thereafter the insomnia vanished. Cotemporaneous with the improved capacity for sleep came general betterment in the mental condition, and, four or five days after the first administration of actæa, the convalescence became and continued smooth and easy, the mental symptoms vanishing.

During the period of stress there was no tendency to miscarriage; and the pregnancy proceeded without interruption to term. At an easy and uncomplicated labour the lady was delivered of a daughter, and Dr. McKilliam states that the puerperium was, as the labour, without impediment. The child was well developed and healthy.

I have seen from time to time conditions of mental perturbation yield to the charm of homœopathic remedies, but this case, in my experience, was unique in the promptitude with which the mental cloud disappeared under the use of actæa. The result was equally striking to the friends, who, with ourselves, were much disquieted at the incidence of the psychical aberration.

ON APIS MELLIFICA.

By Gibbs Blake, M.D., Lond.

Physician to the Birmingham Homœopathic Hospital.

Although the provings of this drug in the *Cyclopædia of Drug Pathogenesy* are numerous and full, they are wanting in respect of pathological changes. A paper by Dr. Langer, of Prague, published in the *Archiv für experimentelle Pathologie und Pharmakologie* (Band 38, s. 381), gives a full account of the physiological action of the poison of the honey-bee. In the first part of the article he describes the anatomy of the stinging apparatus, the physical and chemical qualities of the bee-poison in a very complete manner. He succeeded in isolating a considerable quantity of the poison.

Dr. Langer thinks that the *post-mortem* appearances, the local necrotic and irritating effects of small quantities of the poison, its power of destroying the red corpuscles and the production of hæmorrhage, place the bee

poison in the same category as that of the vipers and rattlesnakes.

I think that the following account will be a useful supplement to the former provings of apis:

The local application of the bee poison produces a necrosis of the tissues in the centre of the spot to which it is applied. Around this centre there is infiltration of round cells, œdema and hyperæmia. Phagocytes help to eliminate the poison. The local application also causes the animal to eat and drink to a larger amount than in a state of health, and often produces albuminuria. The results of the gradual intravenous injections of 6 cubic centimetres of a 1.5 per cent. solution of the pure bee poison are thus given. In 15 minutes after the first ccm. was injected, the diminution of the blood pressure was very marked, with slowing of the pulse. Gradually the blood pressure increased, and almost recovered its original state. The further injection of ½ to 1 ccm. did not again produce diminished blood pressure, but the continued movements seemed to increase the blood pressure. Clonic spasms became gradually universal with trismus, nystagmus, and emprosthotonos. During brief pauses of spasm the animal lay on its side paralysed. Respiration gradually ceased.

Post-mortem.—The pupils were widely dilated. The brain full of blood; no hæmorrhage into its substance. The veins of the meninges full of blood. The pericardium completely distended with blood-stained serum. The right side of the heart much dilated, the left side contracted; fluid dark blood, with some fresh clots in the cavities of the right heart; the endocardium, as well as the intima of the large vessels, markedly stained rose colour. A microscopical examination of the blood showed very few red corpuscles; the blood very lake-coloured, with much dissolved blood colouring matter, and with the spectroscope showed metaglobin. The lungs were full of air, and small hæmorrhagic infarctions were seen on the outer surface. The liver was much congested; no hæmorrhages were visible; the gall bladder purplish; the mucous lining much congested and blood stained. No obvious change in the spleen. The kidneys were much congested, the tissue uniformly discoloured with blood; the pelvis also much congested. No urine was

found in the firmly contracted bladder. Many ecchymoses the size of a lentil were found on its mucous membrane. The intestinal canal was stained throughout with blood. The duodenum, jejunum and ileum contained bloody mucus. On the peritoneal coat of the stomach there were many hæmorrhagic points. The pancreas was infiltrated with blood. The glands of the mesentery also showed lenticular hæmorrhages.

We find in this proving that the use of apis for dropsical effusions is confirmed, and especially for effusion into the pericardium. The proving also suggests the use of apis in the exanthemata, when accompanied by hæmorrhages, especially as they are met with in cases of measles of severe type.

THE PRESIDENT'S CONGRESS ADDRESS AND RIVAL THEORIES OF HOMŒOPATHY.

By W. Buist Picken, Esq.

The editors and readers of the *Homœopathic Review* will no doubt agree that while the *rationale* of homœopathic therapeutics remains a subject of general discussion, it is desirable that attention should be concentrated on points of radical difference between the opposing theories.

Dr. Proctor, in his brilliant presidential address at the recent Congress, stated that after a host of theories had been constructed and abandoned, "there remained two which appear to hold the field, viz., that of wave-interference and that of the opposite action of the large and the small dose." The latter, he added, "is perhaps the more generally held."

I would like to ask Dr. Proctor and his *confrères* whether the interference-absorption theory and the theory of the opposite action of the large and the small dose are in reality different theories, mutually exclusive, or essentially one? Of course it is obvious that the latter theory does not include the former. It does not even attempt the chief function of that theory. But what if the interference-absorption theory can be shown to include the other as an integral part of itself? Unlike the feat of Aaron's rod which swallowed those of the magicians, this small performance would necessitate nothing thaumaturgic.

I have elsewhere stated and elucidated the proposition that the possible relations of drug-forces to the human organism are only three, in the ultimate category; namely, passive, positive, and negative. I have also shown that a dose is "large" (whatsoever its physical quantity), when it is less or more positive to the organic forces, and "small" (howsoever "low" or "high"), when it is negative to the organism. This is the scientific determination of largeness and smallness of dose. In the clinical application of these posological laws, the art of the physician comes to the aid of his science. The clinical conclusion as to what is a large or a small dose in a given case is sometimes perhaps as much a matter of medical art as of medical science, especially as regards the small dose. In this truth lies the theoretical solution of the problem of "choice of potency."

Now as positive and negative are opposites, and the scientifically large dose and the scientifically small one are respectively positive and negative, while the interference-absorption theory is in itself an exposition of these polar principles, it is evident that the theory of the opposite action of the large and the small dose is a natural constituent of the other of the alleged two theories that according to Dr. Proctor compete for general acceptance to-day.

From another consideration, which may be set forth at another time, I hold that the theory of the opposite action of the large and the small dose is an inadmissible formula, an outcome of confusion of thought on a subject of extreme obscurity. Let the term "effects" be substituted for the word "action," and the terminology becomes correct, whilst the original signification of the phrase is lost.

With regard to the third theory referred to by Dr. Proctor, that of "acclimatisation, as we may term it, on the well-known principle of acquired tolerance or immunity, which is thus extended to all the elements of our environment, and not limited to those few organic poisons to which the term immunity is generally applied," one remark will on this occasion suffice.

Would Dr. Proctor, who has awarded me "honourable mention" in his presidential address, let me here submit, as a proposition, that the theory of "acclimatisation" (which I have in another place dealt with), is just the

theory of the passive form of drug action? The extension of it indicated by Dr. Proctor is a necessary result of the recognition of the function of drug-forces in their passive relationship to vitality.

But the theory of the ordinary or physiologically small dose is not the theory of homœopathy.

May I now suggest, to the entire homœopathic school of medicine, that in the reaction from the evils of *contraria contrariis curantur*, the practitioners of *similia similibus curentur* have unwittingly neglected the study of the passive form of drug-action, as a therapeutic auxiliary? When rightly employed, the positive action is good, the passive better, the negative best; and the advanced physician should know when and how fully to avail himself of all the modes of action established by Nature.

A CASE OF RETROVERSION OF THE GRAVID UTERUS, TREATED BY FLUID PRESSURE.

By Alex. H. Croucher, M.D., Edin.

Retroversion of the gravid uterus is an occurrence in the course of pregnancy which was known in the 16th century, and was referred to in 1535 by Œtius Adimenus. Various writers have written on the subject in the 18th century; Dr. William Hunter read a paper on it before the Medical Society in 1770, and many cases have been described since. Various causes have been attributed. At one time it was thought that it was most generally produced by some accident, such as a fall, which dislocated a uterus previously in a normal position; over-distension of the bladder was also considered to have an important effect in producing it, by pressing the uterus backwards and downwards.

It is now commonly admitted, that though the above mentioned may produce it, in most cases it depends on pregnancy having occurred in a uterus previously retroflexed or retroverted. The late Dr. Tyler Smith pointed this out, and this view has been concurred in by others.

In the case about to be related, the immediate cause was apparently a sudden jerk; the uterus may have been partially retroverted, but the jerk at any rate seems to have brought on acute symptoms. As a rule, a back-

wardly displaced uterus, after pregnancy has occurred, as it enlarges straightens itself, and rises in the abdominal cavity without causing pathological symptoms.

Dr. E. M. Hale, in his book on *Diseases of Women*, relates many cases where a retroverted condition of the pregnant uterus seemed to have been the cause of serious vomiting.

The continued enlargement of the displaced gravid uterus in such a cramped position in the pelvic cavity may produce an abortion, or there may occur pressure on the urethra and rectum; then trouble occurs.

The symptoms are dysuria, and probably retention of urine with "over-flow," simulating incontinence; the patient thinks she has passed too much water, and the distended bladder is not noticed. Sometimes the obstruction to the flow of urine causes œdema of the legs. Obstinate constipation with tenesmus are present, pelvic pain, pressure, and bearing down come on. Spontaneous relief occasionally occurs, but if the condition goes on, cystitis and laceration of the bladder walls may occur, followed by fatal peritonitis, *vide Lancet*, March 1890. Uræmia is another complication. The uterus itself may suffer, its walls slough, abscesses form, fistulous communications in vagina and bladder occur, with a probable fatal ending from exhaustion and blood poisoning. I will now relate the history of a case which was relieved, "*tuto, cito, et jucunde*," by the pressure of a Barnes' bag introduced into the vagina and distended with water.

On July 23rd of this year a district nurse came to me with the request that Mrs. S., æt. 34, should be admitted into the Leaf Homœopathic Cottage Hospital; her statement was that the doctor in attendance had said that the woman, who was pregnant, had a fall a fortnight before, causing an internal hæmorrhage, and that now a large abscess had formed.

The patient was admitted about 4 p.m. that day, and was seen at 5 p.m. On interrogation, patient complained that she was suffering great pain in the lower part of the back and in the abdomen, that there was difficulty in micturition and defæcation. The patient stated that she was four months pregnant, had had three children, the youngest being two years and a half old, and that she had had no miscarriages. She dated the

commencement of her trouble from July 10th; on that day she was getting out of an omnibus and fell backwards on to the step, but did not lose her feet. She rebounded forwards and would have fallen had not a bystander caught her. On inspection the lower half of the abdomen was greatly distended; this on palpation was found to be a fluctuating swelling, reaching to the umbilicus. Mrs. S. stated that her doctor had visited her constantly since the accident.

On examining p.v. it was difficult for the examining finger to reach the os uteri, which was high up and to the front, jammed against the pubic arch.

Occupying the posterior and lateral fornices, and pressing down into the vagina was a large, rather soft swelling. A soft rubber catheter was introduced into the bladder and forty-four ounces of urine were drawn off; the urine was thick, had a stale odour, and on further examination was found to be loaded with albumen. Bimanual examination now showed that the case was one of retroversion of the gravid uterus. The patient was put in the genupectoral position and reposition attempted, with no result, but much pain to the patient. At 8 p.m. a Barnes' bag was introduced into the vagina and fully distended with water; next morning the patient was free from pain, and the uterus was out of the pelvis in its natural position. The catheter was used night and morning, and the bladder washed out with boroglyceride solution.

The future progress of the case was uneventful; the urine became free from albumen and the bladder resumed its function, and the patient was discharged on August 26th.

After writing these notes, I was looking over a book entitled *A Collection of Cases and Observations in Midwifery*, by William Smellie, M,D., vol. ii., the third edition, London, 1764, and found described a typical case of retroversion of the gravid uterus. It may be interesting to quote it in its entirety.

He says:—"I was lately called to a woman in the fifth month, and felt the fundus uteri pressed down backwards to the lower part of the vagina, the os uteri being forward and above the inside of the left groin; the neck and under part of the bladder were so pressed

that the patient had not urined for several days. The vesica was stretched up to the scrobiculus cordis, and a fluctuation was felt as in an ascites. The male catheter was used, because the other was too short, and emptied a great quantity of urine, so that the distension of the abdomen considerably diminished. Next day after the same operation she miscarried; consequently the obstruction was removed, but being greatly emaciated by want of nourishment she was in two or three days carried off by a diarrhœa."

Eastbourne.

TUBERCULOSIS OF THE ABDOMEN IN CHILDREN.

By J. Roberson Day, M.D., Lond.,

[Owing to a delay in transmission, the temperature charts were omitted from Dr. Roberson Day's paper on "Abdominal Tuberculosis" in our last issue. We reprint the two cases with the temperature charts which were prepared to illustrate them.—Eds. *M. H. R.*]

I. This case is of exceptional interest. The patient first came with the ascitic form, which was cured. Then she developed tubercular adenitis, and the inguinal glands on both sides suppurated. Finally she came with white swelling of a knee and elbow.

Tubercular Peritonitis.

Lucy L., aged 12, admitted to London Homœopathic Hospital September 20, 1895.

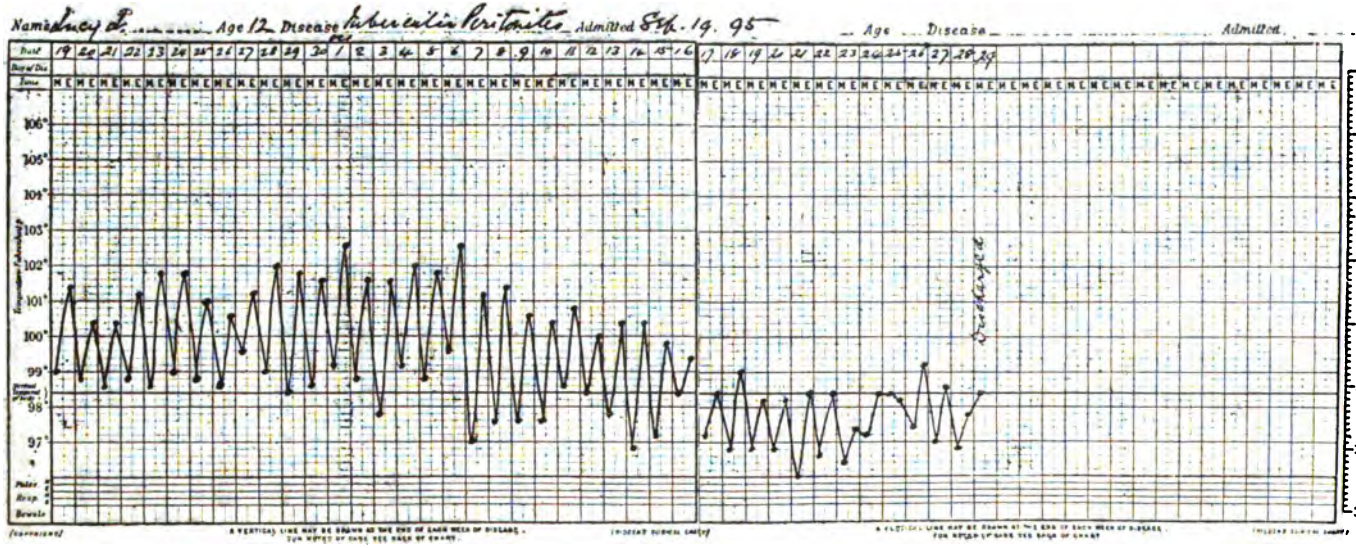
Family history: Good.

Past personal history: Eighteen months ago in London Homœopathic Hospital with same complaint. At that time there was ascites, but no hard masses in abdomen. Ars. iod. 3. and 3x rapidly cured her.

History of present illness: Ailing for last six months; getting thinner, paler; loss of appetite; bowels costive.

On admission: Weight, 6 st. 11 lbs. Temp. 101.4° in evening; fairly well nourished; sallow complexion; abdomen generally slightly distended; on palpation a doughy feeling; in left iliac fossa is a well defined hard fixed mass, size of hen's egg, tender to touch, slightly resonant on percussion; in right iliac fossa is a fulness but no distinct swelling. Calc. c. 3.

Dr. Roberson Day's case of Tubercular Peritonitis to illustrate his Congress Paper.



Sept. 25. Since admission the mass above mentioned has become smaller. Occasionally a griping pain in the abdomen, not worse at any particular time. Patient lies on the back, as a rule, with the legs drawn up. Temp. rises to 101.8° at night, profuse perspirations every morning. Tongue cleaner. Bowels only open with enemata.

Oct. 3. Temp. has risen to 102° for the last five nights; night sweats. There is an obscure fluctuating feeling over the mass in the left iliac fossa. Within the last three days a distinct swelling has appeared in the right iliac region, and there has been pain in that region.

Oct. 5. Two or three enlarged glands in the posterior triangle of the neck slightly tender, but no acute inflammation.

Oct. 14. Temp. at night 100—101°; normal or subnormal in the morning.

On Oct. 29 she was discharged.

The treatment had been calc. carb. 3. for a short time, but principally and nearly the whole time iod. ars. 3x.

Subsequently these glandular masses in the groins suppurated and discharged, and have left deep scars. Then she came under treatment for tubercular swelling of one knee and an elbow. The tubercular disease having left the abdomen manifested itself elsewhere. She continued as an out-patient for a long time and is now quite well.

The treatment was principally with the iodide of arsenic.

II. And this is the last one with which I will tax your patience, illustrating the last variety of the disease, the peritoneal form with tubercular deposit.

Violet G., age 13.

Family history: Admitted March 18th, 1897. Father living, well; mother living, well; two brothers and two sisters living. No history of consumption in the family. Patient has had whooping cough, measles, and scarlet fever last August; usually enjoys good health, but has never been very strong. For the last three months has suffered from gradually increasing weakness and pain all over the abdomen, attributed to indigestion. Appetite has been very bad. She has been thirsty, and for past six weeks has had diarrhœa,

two stools a day, loose, dark, and offensive. Before this she was constipated. Has been losing flesh considerably for the last two months. No cough, no night sweats, no shivering fits. During the illness has passed water more frequently than before, often three times in the night. Menses have not appeared. For the last week a swelling has been noticed in the lower part of the right side of the abdomen; it is not painful or tender.

Present condition.—Patient is a delicate-looking girl, with a hectic flush, and poorly nourished.

Tongue.—Moist, thin coat of white fur. Appetite bad.

Bowels.—Moderate diarrhœa.

T. 99° on admission. P. 120; regular, soft, small.

Chest.—Nothing abnormal.

Back.—Nothing abnormal.

Abdomen.—Rather distended. The right side a little more prominent than the left.

On palpation the abdominal walls are found to be much more rigid on the right side than the left. There is the feeling of a deep-seated resistance all over the right half of the abdomen, but in the iliac region the resistance is more marked and quite superficial. Fluctuation not obtained, slightly tender.

In the outer part of the right iliac fossa, there is an elliptical area of dulness (about 4 in. by 3 in.) which corresponds with the area of superficial resistance.

Urine. Clear; sp. gr. 1015. Alkaline, slightly ammoniacal. Opaque white deposit of amorphous phosphates and triple-phosphates. No albumen or pus.

March 25.—Temp. last night 102.4°, this morning 101.2°. The area of dulness seems to be rather more extensive, especially at the upper part. Gets occasional sharp shooting pains in the region of the swelling. Was sick once last night. Bowels opened once on 22nd, twice on 23rd; stools partly formed; no other action of bowels since admission. Taking bell. 3, hep. s. 6. alt. 2 hours.

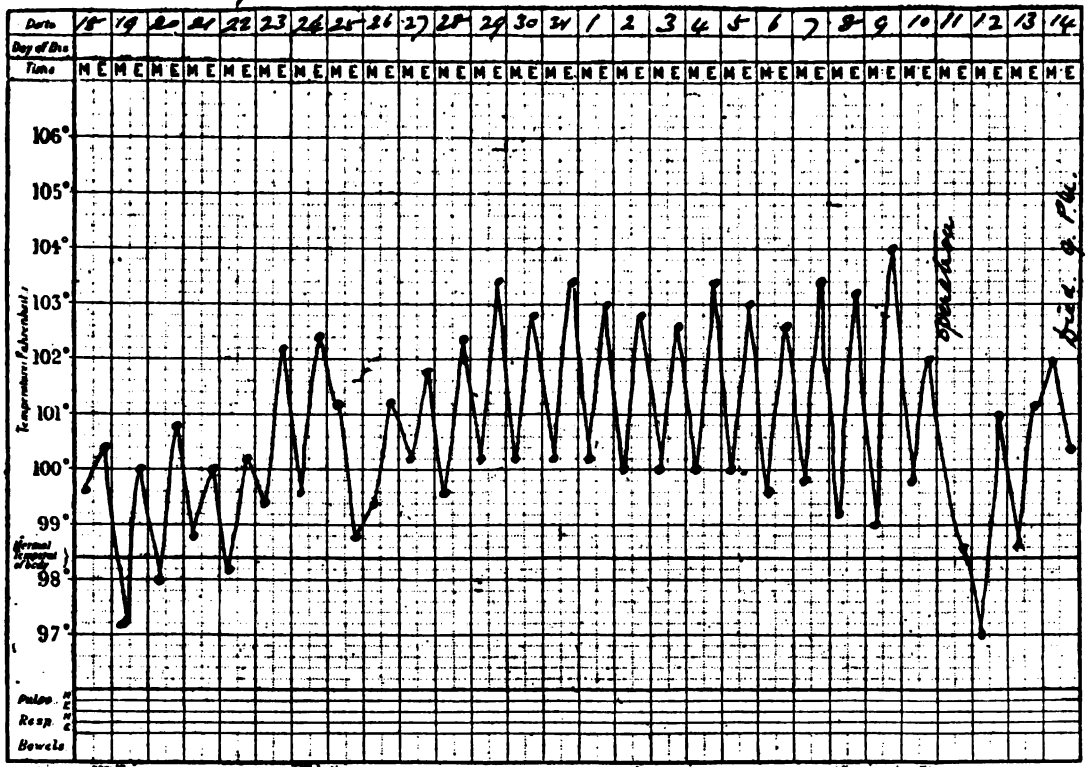
March 29. Was examined under an anæsthetic and the above observation as to the swelling confirmed.

March 30. Bry. 1x, calc. c. 3x, alt. 2 hours.

April 1. Abdomen in general is rather more distended; limits of the swelling are not quite so defined and dulness is less complete; very little pain.

ABDOMINAL TUBERCULOSIS. Monthly Manuscripts Review, Dec. 1, 1897.

Name Violet G... Age 13 Disease Tubercular Peritonitis Admitted March 15. 1897



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A VERTICAL LINE MAY BE DRAWN AT THE END OF EACH WEEK OF DISEASE.
FOR NOTES OF CASE SEE PAGE OF CHART.

TRIDENE CLINICAL CHART

April 2. Bell. 1x, nux v. 3x, alt. 2 hours.

April 5. Temp. 103.4° last night, abdomen much distended, less dulness over the mass in right iliac fossa, but there is more tenderness; stools are looser, about one a day.

April 6. Hep. s. 3x 3 hours; acon. 1x nocte.

April 10. A consultation was held, and it was thought to be a case of appendicitis and operation recommended.

April 11. At 11.15 a.m. Mr. Shaw operated. As soon as the peritoneal cavity was opened one bead of pus was seen, but the opening made was filled by a mass of friable material, looking like lowly organised lymph. This was adherent to the peritoneum. No bowel was exposed to view and no pus cavity found, only a general matting together of the parts. Further operation was abandoned, and sutures and dressings applied.

April 13. Ars. iod. 3x given three times a day.

Much vomiting followed the operation and the patient gradually sank and died on April 15.

REVIEWS.

The Journal of the British Homœopathic Society. October, 1897. London: John Bale, Sons & Danielsson.

The last issue of the *Journal of the Homœopathic Society* gives evidence of the good and varied work done by that body. The volume before us represents, nominally at least, only a quarter's work. But it contains five original papers, all of them of value and most of them of some interest. Dr. Charles Wheeler's thoughtful and candid paper on *Tuberculous Meningitis* has elicited favourable comment elsewhere. While not optimistic, it shows that there is good reason for continuing to persevere with treatment even in so hopeless a condition. A striking want in the homœopathic literature of this disease is a collection of fully recorded cases, giving the diagnosis (with reasons thereof), treatment and results.

A paper on vulvar lacerations due to bicycling elicited an interesting discussion on bicycling, which was probably the intention of its authors, Drs. Burford and Hall.

Mr. Gerard Smith's paper on *Early Diagnosis of Spinal Cases* was an instructive and useful up-to-date *résumé* of the subject.

A readable paper on *Longevity*, by Dr. Murray Moore, was presented to the Liverpool Branch of the Society, and gives

evidence of Dr. Moore's extensive and varied research on this interesting subject.

The last original contribution was a clinical paper on *Malignant Disease of the Uterus*, by Dr. Edwin A. Neatby, giving results of some of his own work and the averages of recoveries, and recurrences after operation by different surgeons.

The pages devoted to a description of the clinical evening, the specimens exhibited, the views of the Society, and the summary of therapeutics are not the least interesting of the volume, but they are too detailed to call for individual comment.

The disadvantage of a quarterly journal is that some of the papers must be stale, and that is exemplified in this issue when some go back as far as May 6th. The catalogue of the Society's library is continued as far as the letter K. A goodly list of "exchanges" is given at the end of the volume, which we presume are available for consultation by the members as soon as received. We congratulate the editors on their work.

MEETINGS.

THE HOMŒOPATHIC CONGRESS.

Visit to Bath.

By the kindness and energy of Dr. Percy Wilde and Dr. Graham Wills, of Bath, the members of the British Homœopathic Congress meeting at Clifton on September 16th, were enabled on the following day to make a most interesting tour among the sights and scenes of the sister city of Bath, where the wonderful Roman remains, side by side with the modern bathing establishments, the various hospitals, the Abbey Church, etc., afforded an unusual array of attractions, while the programme for the day was further amplified by the promise of Dr. Percy Wilde to demonstrate some scientific inventions, of which particulars had not as yet been made public. It was no wonder, then, that an early train from Bristol to Bath on the Friday morning should have picked up *en route* quite a large company of our colleagues, who were speedily fraternising together and finding a topic of mutual interest in the contemplation of another bygone Congress meeting, as to which the general opinion appeared to be that it had been a great success. Fortunately, the visit to King Bladud's city was favoured with fine weather, and when the various contingents which had united at Bristol main station and travelled thence to Bath in a specially reserved saloon emerged upon the Bath platform there was every

promise of an enjoyable as well as an instructive day. The members arrived at 10.30 a.m., and were received by Dr. Wilde and Dr. Wills, together with Mr. George, the Great Western Company's station-master, whose special arrangements as to reserved accommodation, and also for relieving them of all trouble with respect to their luggage, were much appreciated by the visitors.

There were present, in addition to the courteous and attentive hosts of the day, the following:—Drs. Hughes, Madden, Jagielski, J. W. Hayward, Burford, Hayle, Johnstone, Blackley Sen., Eubulus Williams, E. B. Roche, Nicholson, H. Nankivell, Burwood, Bennett, Gilbert, Powell, Newbery, Croucher, J.P., Molson, M. Moore, Cash, Hawkes (Liverpool), Bodman, Gould, D. Moir, E. J. Hawkes (Ramsgate), Cash Reed, J. Wilde Sen., (Weston-Super-Mare), Storrar, Proctor, Pincott, and Dr. and Mrs. Jackson of Boston, U.S.A., &c.

Leaving the station, the party walked past the old homœopathic hospital, now used as an out-patient department and as affording emergency wards when necessary, to the North Parade Bridge, where a short halt was made while attention was called to one or two adjacent objects of interest. From this point is obtainable a good view of the Pulteney Bridge, which, with its arches surmounted by houses and shops, presents so curiously unfamiliar an aspect, being, indeed, the only structure of the kind remaining in Great Britain. Of more immediate interest, however, to the visitors present, was the further view obtained above the bridge, on the slopes of Lansdowne, of the new Homœopathic Hospital. The building, standing alone, surrounded by trees, on its elevated situation, (480 feet above sea) is a prominent feature of the outlook in this direction, and it was generally conceded that it occupies what must surely be an ideal position for an institution of this character. Dr. Percy Wilde gave a few particulars about the hospital, explaining the number of beds supported, and the extent of the possible accommodation provided for. See Fig. 1.

Thence the group passed on to the Pump Room, where they were received by Mr. Collins, the Superintendent, who had courteously made arrangements by virtue of which the whole of the bathing establishments were open to the inspection of the visitors. Pausing here to take a comprehensive glance round the Pump Room, each member of the party was presented with a very neat little album of Bath views, excellently reproduced, together with a description of the hot springs—this "with the compliments of the Mayor,